

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <b>Pawnee</b>	Fraction <b>C 1/4 NE 1/4 NW 1/4</b>	Section number <b>36</b>	Township number <b>T 22 S</b>	Range number <b>R 15 E/W</b>				
2. Distance and direction from nearest town or city: <b>2 mi W 5 mi S of Radium, Ks.</b> Street address of well location if in city:				3. Owner of well: <b>A. G. Crane</b> R.R. or street: <b>Rt. 2</b> City, state, zip code: <b>Larned, Kansas 67550</b>						
4. Locate with "X" in section below: <div style="text-align: center;">N <table border="1" style="margin: auto;"><tr><td style="text-align: center;">X -- NW --</td><td style="text-align: center;">-- NE --</td></tr><tr><td style="text-align: center;">-- SW --</td><td style="text-align: center;">-- SE --</td></tr></table> S 1 Mile</div>		X -- NW --	-- NE --	-- SW --	-- SE --	Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>80</u> ft. <u>8-24-77</u>		
X -- NW --	-- NE --									
-- SW --	-- SE --									
5. Type and color of material		From		To		7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary				
						8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other				
						9. Casing: Material <u>pvc</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>237</u>				
						10. Screen: Manufacturer's name _____ <u>CertainTeed</u> Type <u>pvc</u> Dia. _____ Slot <u>1/16</u> Length <u>20</u> Set between <u>60</u> ft. and <u>80</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>				
						11. Static water level: _____ mo./day/yr. <u>34</u> ft. below land surface Date <u>8-24-77</u>				
18. Elevation:		19. Remarks:		12. Pumping level below land surfaces: <u>36</u> ft. after <u>5</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.						
				13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>8-24-77</u>						
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> Inches above grade						
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.						
				16. Nearest source of possible contamination: ft. <u>40</u> Direction <u>South</u> Type <u>stockpen</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(Use a second sheet if needed)				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other						
				20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Ks. 67530</u> Signed <u>Jandy Kilgore</u> Date <u>9-14-77</u> Authorized representative						
				Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MI-1023