

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>SE 1/4 SE 1/4 SW 1/4</b>	Section number <b>32</b>	Township number <b>T 22 S</b>	Range number <b>R 16 E/W</b>
2. Distance and direction from nearest town or city: <b>5 S 1/2 W</b>			3. Owner of well: <b>Woodman-Tanetti Drigo</b>			
Street address of well location if in city: <b>Larned, KS</b>			R.R. or street: <b>1008 Union Natl. Bldg</b>			
			City, state, zip code: <b>Wichita, KS</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>6</b> in. Completion date <b>9-30-75</b>		
<div style="text-align: center;"> </div>				Well depth <b>50</b> ft.		
				7. <input 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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				<input checked="" type="checkbox"/> Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2</b> lbs./ft. Dia. <b>2</b> in. to <b>50</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth <input checked="" type="checkbox"/> Sch <b>40</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>MPI</b>		
<b>Top Soil - Clay</b>		<b>0</b>	<b>22</b>	Type <b>PVC</b> Dia. <b>2"</b>		
<b>Sand - Gravel</b>		<b>22</b>	<b>50</b>	Slot/gauze <b>1/8"</b> Length <b>20'</b>		
				Set between <b>30'</b> ft. and <b>50</b> ft.		
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>18</b> ft. below land surface Date <b>9-30-75</b>		
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>50</b> g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>12</b> ft.		
				16. Nearest source of possible contamination: <b>011</b> ft. <b>70</b> Direction <b>E</b> Type <b>TEST</b> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				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		
		(Use a second sheet if needed)				
18. Elevation:		19. Remarks:		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. <b>Kelly's Water Well Serv</b> Business name <b>R 2 Great Bend, KS</b> License No. <b>1-1-75</b> Address <b>Kelly Paul</b> Date <b>10-10-75</b> Signed <b>Kelly Paul</b> 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