

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

wrong location

WATER WELL RECORD
KSA 82a-1201-1215

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

Sec. 9?

1. Location of well:		County PAWNEE	Fraction CENTER NE 1/4 1/4 1/4	Section number 4	Township number T 22	Range number S R 17	E(W)
2. Distance and direction from nearest town or city: 4 W 1/4 S Street address of well location if in city: LARNED				3. Owner of well: Lee Fisher R.R. or street: RFD #1 City, state, zip code: LARNED KS 67550			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile				Sketch map: 6. Bore hole dia. 8 3/8 in. Completion date Well depth 107 ft. 6-3-76			
5. Type and color of material				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 checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other			
				9. Casing: Material PLT Height: Above or below Threaded <input type="checkbox"/> Welded 91 Surface 14 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 1/2 in. to 107 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 250			
				10. Screen: Manufacturer's name Home Made Drilled Holes Type PVC Dia. 5 1/2 Slot/gauze 1/8 Length 20' Set between 87 ft. and 107 ft. ft. and <input type="checkbox"/> ft. Gravel pack? Yes Size range of material 1/4-3/8			
				11. Static water level: <input type="checkbox"/> mo./day/yr. 42 ft. below land surface Date 6-3-76			
				12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 150 g.p.m.			
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
				14. Well head completion: <input type="checkbox"/> Pitless adapter 14 inches above grade			
				15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 16 ft. to 4 ft.			
				16. Nearest source of possible contamination: ft. 200 Direction SW Type BARN Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. PAWNEE Dalg. CO 326 Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address Box 121 Signed Paul Dalg. Date 8-1-76 Authorized representative			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5