

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 Pawnee	Fraction NE 1/4 SW 1/4 1/4	Section number 15	Township number T 22 S	Range number R 17 E
2. Distance and direction from nearest town or city: 6 1/2 miles SW of Larned, KS			3. Owner of well: Donald R. Keast R.R. or street: Route 3 City, state, zip code: Larned, KS 67550		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. 9 in. Completion date 10/12/77 Well depth 100 ft.		
			7. <input type="checkbox"/> Cable tool <input 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 checked="" 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 Styrene Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 1.5 lbs./ft. Dia. 5 in. to 90 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. 200#		
5. Type and color of material			From	To	10. Screen: Manufacturer's name Jess & Lowell
Top Soil			0	2	Type Styrene 200 Dia. 5
Black and Brown Clay			2	27	Slot/gauze 1/8 Length 10'
Sand and Gravel			27	34	Set between 90 ft. and 100 ft.
Blue Clay			34	41	Gravel pack? yes Size range of material 3/8-200
Sand and Gravel			41	46	11. Static water level: 22.5 ft. below land surface Date 10-12-77
Blue Clay			46	81	12. Pumping level below land surfaces: NC
Sand And Gravel			81	100	<input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.
					13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
					14. Well head completion: 12 inches above grade
					15. Well grouted? yes
					With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete
					Depth: From 0 ft. to 10 ft.
					16. Nearest source of possible contamination: Field
					ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/>
					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:		
Topography:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill			Clarke Well & Eq., Inc. 185		
<input type="checkbox"/> Slope			Business name Great Bend, KS 67530 License No. <input type="checkbox"/>		
<input type="checkbox"/> Upland			Address 10/17		
<input type="checkbox"/> Valley			Signed D. W. Clarke Date 10/17		

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

Form WWC-5