

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

WATER WELL RECORD  
KSA 820-1201-1215

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>ne 1/4 ne 1/4 nw 1/4</b>	Section number <b>30</b>	Township number <b>T 22 S R 18</b>	Range number <b>18</b>	<b>E/W</b>
2. Distance and direction from nearest town or city: <b>5-S, 3-E of Rozel, Ks.</b> Street address of well location if in city:			3. Owner of well: <b>Charles Schmitt</b> R.R. or street: <b>704 E. 3rd</b> City, state, zip code: <b>Kinsley, Ks. 67547</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>250</u> ft. <u>7-1-75</u>		
				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 checked="" 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		
5. Type and color of material		From To		9. Casing: Material <u>steel</u> Height: Above or <del>Below</del> <u>18</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>250</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>7</u>		
				10. Screen: Manufacturer's name <u>Doerrs</u> Type <u>steel</u> Dia. _____ Slot <del>3/16</del> <u>3/16</u> Length <u>100</u> Set between <u>150</u> ft. and <u>250</u> ft. Gravel pack <input checked="" type="checkbox"/> Size range of material: <u>3/4 3/8</u>		
top soil		0 3		11. Static water level: _____ mo./day/yr. <u>50</u> ft. below land surface Date <u>4-25-75</u>		
clay		3 32		12. Pumping level below land surfaces: <u>60</u> ft. after <u>1</u> hrs. pumping <u>80</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1200</u> g.p.m.		
sandy clay & fine sand		32 35		13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>4-25-75</u>		
brown clay		35 41		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
yellow clay		41 54		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.		
shale		54 83		16. Nearest source of possible contamination: ft. <u>1</u> mi Direction <u>south</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
fire clay		83 105		17. Pump: Manufacturer's name <u>Fairbanks Morse</u> Not installed Model number <u>4-11M</u> HP <u>80</u> Volts _____ Length of drop pipe <u>170</u> ft. capacity <u>800</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
good sand rock		105 160		(Use a second sheet if needed)		
slay		160 165				
good sand rock		165 250				
shale		250 270				
18. Elevation: <b>2120</b>	19. Remarks: <b>24047</b>			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>L. Kilgore</u> Date <u>6-19-77</u> Authorized representative		

T 22 S R 18 E/W  
 Sec 30 NE NE NW  
 1/4 1/4 1/4

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

Form WWC-5