

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

BAB

1. Location of well:	County Kearny	Fraction NW 1/4 NE 1/4 NW 1/4	Section number 3	Township number T 22 S R 38	Range number 38
2. Distance and direction from nearest town or city: 12W, 12N, 1E, 4N, 1/2W of Lakin, KS Street address of well location if in city:			3. Owner of well: Ralph Gropp R.R. or street: Rural Route City, state, zip code: Lakin, KS		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9-7/8 in. Completion date 10-22-75 Well depth 139 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	
5. Type and color of material		From	To	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	
See Attachment				9. Casing: Material Plst Height Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 139 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
BROCK 135'				10. Screen: Manufacturer's name Jet Stream Plastics Type Slotted Dia. 5" Slot/gauze .040 Length 40' Set between 65 ft. and 75 ft. 99 ft. and 139 ft. Gravel pack? Yes Size range of material 1/2"	
				11. Static water level: Not Pumped No./day/yr. _____ ft. below land surface Date _____	
				12. Pumping level below land surfaces: Not Test Pumped _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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 checked="" type="checkbox"/> Pitless adapter _____ Inches above grade	
				15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.	
				** 16. Nearest source of possible contamination: none observed ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				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:		
Flat Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	** Well is located in middle of Pasture.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Henkle DRLG & Supply 145 Business name License No. _____ Address Box 639, Garden City, KS Signature C. L. Rothrock Date 11-12-75 Authorized representative		

T 22 S R 38 W E 1/4 NE 1/4

