

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>Kearny</b>	Fraction <b>NE 1/4 NE 1/4 SW 1/4</b>	Section number <b>14</b>	Township number <b>T 22 S R 38 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>10 mi W; 12 mi, N; 1 mi W; 1 1/2 mi N of</b> Street address of well location if in city: <b>Lakin, Ks.</b>			3. Owner of well: <b>High Plains Drilling &amp; Supply, Inc.</b> R.R., or street, City, state, zip code: <b>5310 W. Hwy 50-RT1, Garden City, Ks. 67846</b>		
4. Locate with "X" in section below: <div style="text-align: center;"> </div>			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>2 1/4</u> in. Completion date _____ Well depth <u>225</u> ft. <u>4-7-80</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
					9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>36.86</u> lbs./ft. Dia <u>1 1/2</u> in. to <u>225</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.219</u>
					10. Screen: Manufacturer's name _____ <u>Lakewood</u> Type <u>Millslot</u> Dia. <u>16"</u> Slot size <u>1/8x2"n</u> Length <u>58'</u> Set between <u>167</u> ft. and <u>225</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>3x5</u>
					11. Static water level: <u>181</u> ft. below land surface Date <u>12-18-77</u> mo./day/yr.
					12. Pumping level below land surfaces: <u>217</u> ft. after <u>10</u> hrs. pumping <u>210</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>210</u> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
		16. Nearest source of possible contamination: <u>NA</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		17. Pump: _____ Not installed Manufacturer's name <u>Goulds</u> Model number <u>66Q134</u> HP <u>30</u> Volts <u>460</u> Length of drop pipe <u>220</u> ft. capacity <u>200</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ 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>High Plains Drilling &amp; Supply, Inc. 136A</b> Business name License No. _____ Address <b>Garden City, Ks. 67846</b> Signed <u>Ray D. Haskins</u> Date <u>4/24/80</u> 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