

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 <b>Pawnee</b>	Fraction <b>ce 1/4 w<sup>1</sup>/<sub>2</sub> 1/4 nw 1/4</b>	Section number <b>11</b>	Township number <b>T 23 S R 16</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: <b>2-E 3/4-N of Zook, Ks. East side rd.</b> Street address of well location if in city:				3. Owner of well: <b>Norman McDowell</b> R.R. or street: <b>3029 E. Beryl Ave.</b> City, state, zip code: <b>Phoenix, Ariz. 85028</b>		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"><div style="text-align: center;"><p>N</p><p>1 Mile</p><p>W</p><p>1 Mile</p><p>S</p></div><div style="text-align: center;"><p>Well #3</p></div><div style="text-align: center;"><p>E</p></div></div>				6. Bore hole dia. <b>29</b> in. Completion date <b>12-18-78</b> Well depth <b>36</b> ft.		
5. Type and color of material				7. <input checked="" 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 <b>steel</b> Height: Above ground <b>18</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>16</b> in. to <b>36</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>7</b>		
				10. Screen: Manufacturer's name <b>doerrs</b> Type <b>steel</b> Dia. <input type="checkbox"/> Slot <b>3/16</b> Length <b>8</b> Set between <b>28</b> ft. and <b>36</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>20 1/2</b> ft. below land surface Date <b>2-23-78</b>		
(Use a second sheet if needed)				12. Pumping level below land surfaces: <b>31</b> ft. after <b>1</b> hrs. pumping <b>250</b> 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"/> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>2-23-78</b>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>1600</b> Direction <b>see</b> Type <b>oil well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)				17. Pump: Manufacturer's name <b>pumpco</b> Model number <b>PS130305A</b> HP <b>5</b> Volts <b>460</b> Length of drop pipe <b>21</b> ft. capacity <input type="checkbox"/> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				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>Rosencrantz-Bemis</b> License No. <b>134</b> Business name <b>Great Bend, Ks. 67530</b> Address Signed <b>Andy K. [Signature]</b> Date <b>12-21-78</b> Authorized representative		
				18. Elevation: <b>2031</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		
				19. Remarks: <b>31623</b> <b>23 16 11 W+ B</b>		

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

Form WWC-5