

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>Pawnee</b>	Fraction <b>sw 1/4 ne 1/4 nw 1/4</b>	Section number <b>11</b>	Township number <b>T 23 S R 16 E W</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>M Phoenix, Ariz. 85028</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>33</u> ft. <u>12-18-78</u>	
		<p style="text-align: center;">WELL #5</p>		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>xxx</del> 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>33</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>	
top soil		0	2	10. Screen: Manufacturer's name _____ <b>Doerrs</b> Type <u>steel</u> Dia. _____ Slot <del>xxx</del> <u>3/16</u> Length <u>8</u> Set between <u>24</u> ft. and <u>32</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>	
gray clay		2	14	11. Static water level: _____ mo./day/yr. <u>20 1/2</u> ft. below land surface Date <u>11-29-77</u>	
brown clay w/gravel		14	18	12. Pumping level below land surfaces: <del>xxxxxxx</del> <u>32</u> ft. after <u>1</u> hrs. pumping <u>175</u> g.p.m. Estimated maximum yield _____ g.p.m.	
sand & gravel		18	34	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>11-29-77</u>	
sand rock		34	46	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
fire clay		46	48	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.	
				16. Nearest source of possible contamination: ft. <u>2075</u> Direction <u>SSW</u> Type <u>oilwell</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>Pumpco</u> Model number <u>PS1303054</u> HP <u>5</u> Volts <u>460</u> Length of drop pipe <u>21</u> ft. capacity _____ 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. <u>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Ks. 67530</u> Signed <u>Sandy Rose</u> Date <u>12-21-78</u> Authorized representative	
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed)			

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

Form WWC-5