

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 Pawnee	Fraction cw 1/4 e 1/2 1/4 nw 1/4	Section number 11	Township number T 23 S R 16 E W	Range number
2. Distance and direction from nearest town or city: 2-E 3/4-N of Zook, Ks. East side rd. Street address of well location if in city:				3. Owner of well: Norman McDowell R.R. or street: 3029 E. Beryl Ave. City, state, zip code: Phoenix, Ariz. 85028		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Sketch map:</p> </div> <div> <p>Well #2</p> </div> </div>				6. Bore hole dia. 29 in. Completion date 12-18-78 Well depth 37 ft.		
5. Type and color of material				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 steel Height: Above or xxx Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 16 in. to 37 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 7		
				10. Screen: Manufacturer's name Doerrs Type steel Dia. <input type="checkbox"/> Slot xxx 3/16 Length 8 Set between 29 ft. and 37 27 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8		
				11. Static water level: <input type="checkbox"/> mo./day/yr. 21 ft. below land surface Date 11-29-77		
				12. Pumping level below land surfaces: 31 ft. after 1 hrs. pumping 220 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 11-29-77		
				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 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. 1600 Direction SSW Type oilwell Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name pumpco Model number PS1303054 HP 5 Volts 460 Length of drop pipe 21 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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Ks. 67530 Signed Sandy L. Spore Date 12-2 Authorized representative		
18. Elevation: 2031 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: 31623 23 16 11 W4B				

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

Form WWC-5