

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 <i>Barnece</i>	Fraction <i>C 1/2 S 24 1/4</i>	Section number <i>33</i>	Township number <i>T 23</i>	Range number <i>S R 16</i>				
2. Distance and direction from nearest town or city: <i>3 1/2 S of York, Mo.</i> Street address of well location if in city:				3. Owner of well: <i>D. R. Rauch Drilling</i> R.R. or street: <i>301 S Edwys</i> City, state, zip code: <i>Wichita, Mo</i>						
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> E S 1 Mile</div>				NW	NE	SW	SE	Sketch map:		
NW	NE									
SW	SE									
5. Type and color of material				6. Bore hole dia. <i>11</i> in. Completion date <i>7/1/76</i> Well depth <i>70</i> 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						
				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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other						
				9. Casing: Material <i>pvc</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>160</i> lbs./ft. Dia. <i>4</i> in. to <i>70</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>						
				10. Screen: Manufacturer's name <i>R4B</i> Type <i>pvc</i> Dia. <i>4</i> Slot/gauze <i>1/16</i> Length <i>20</i> Set between <i>50</i> ft. and <i>70</i> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/2-3/4</i>						
(Use a second sheet if needed)				11. Static water level: <i>16</i> ft. below land surface Date <i>7-1-76</i> mo./day/yr.						
				12. Pumping level below land surfaces: <i>16</i> ft. after <i>1</i> hrs. pumping <i>40</i> 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"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>						
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> inches above grade						
				15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.						
				16. Nearest source of possible contamination: ft. <i>200</i> Direction <i>N</i> Type <i>well</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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						
				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. <i>Rosemerynch-Bemis</i> Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address <i>Great Bend, Mo</i> Signed <i>Fredia Olson</i> Date <i>7/12/76</i> Authorized representative						
				18. Elevation:						
				19. Remarks:						

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

Form WWC-5