

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 <u>Pawnee</u>	Fraction <u>1/4 1/40SE 1/4</u>	Section number <u>1</u>	Township number <u>T 23 S</u>	Range number <u>R 17 E</u>
2. Distance and direction from nearest town or city: <u>1 N 2 W</u> Street address of well location if in city: <u>ZOOK, KS</u>			3. Owner of well: <u>Lavera Giles</u> R.R. or street: <u>307 W. 10th</u> City, state, zip code: <u>Larned, Kan</u>			
4. Locate with "X" in section below: <div style="text-align: center;"> </div>			Sketch map:			
5. Type and color of material			6. Bore hole dia. <u>30</u> in. Completion date <u>12-8-75</u> Well depth <u>82</u> ft.			
			7. <input type="checkbox"/> Cable tool <input 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 checked="" 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>IRON</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>16</u> in. to <u>82</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>316</u>			
			10. Screen: Manufacturer's name <u>DOERY</u> Type <u>IRON</u> Dia. <u>16"</u> Slot/gauze <u>1/8"</u> Length <u>20'</u> Set between <u>62</u> ft. and <u>82</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-3/4"</u>			
			11. Static water level: <input type="checkbox"/> mo./day/yr. <u>19</u> ft. below land surface Date <u>12-8-75</u>			
			12. Pumping level below land surfaces: <u>67</u> ft. after <u>4</u> hrs. pumping <u>1070</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>1200</u> g.p.m.			
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <input type="checkbox"/>			
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade			
			15. Well grouted? <input checked="" type="checkbox"/> 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>None</u> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Goulds</u> Model number <u>412TMD</u> HP <u>60</u> Volts <u>460</u> Length of drop pipe <u>75</u> ft. capacity <u>800</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						
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>Kelly's Water Well Serv.</u> Business name <u>R. Z. Great Bend, KS</u> License No. <u>186</u> Address <u>Kelly's</u> Signed <u>Kelly's</u> Date <u>12-10-75</u> Authorized representative						

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

Form WWC-5