

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 <u>PAWNEE</u>		Fraction <u>1/4</u> <u>1/4 C 5th 1/4</u>	Section number <u>2</u>	Township number <u>T 23</u> <u>S</u>	Range number <u>R 17</u> <u>W</u>
2. Distance and direction from nearest town or city: <u>1 N. 4 W</u> Street address of well location if in city: <u>ZOOK, KS.</u>			3. Owner of well: <u>RON Reichuber</u> R.R. or street: City, state, zip code: <u>R2 Larned, KS</u>		
4. Locate with "X" in section below: Sketch map: <div style="text-align: center;"> </div>			6. Bore hole dia. <u>30</u> in. Completion date <u>5-12-76</u> Well depth <u>88</u> ft.		
5. Type and color of material			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>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>1 1/2</u> in. to <u>58</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>3/16</u>		
			10. Screen: Manufacturer's name <u>Doerr</u> Type <u>IRON</u> Dia. <u>16</u> Slot/gauze <u>1/8"</u> Length <u>30</u> Set between <u>58</u> ft. and <u>88</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2-3/4"</u>		
(Use a second sheet if needed)			11. Static water level: <u>19</u> ft. below land surface Date <u>5-12-76</u>		
			12. Pumping level below land surfaces: <u>69</u> ft. after <u>4</u> hrs. pumping <u>800</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>900</u> g.p.m.		
			13. Water sample submitted: <u> </u> mo./day/yr. <u> </u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>		
			14. Well head completion: <u> </u> Pitless adapter <u>12</u> inches above grade		
(Use a second sheet if needed)			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: <u>NONE</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <u> </u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
			17. Pump: <u>Not installed</u> Manufacturer's name <u>Goulds</u> Model number <u>4125</u> HP <u>60</u> Volts <u>430</u> Length of drop pipe <u>80</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		
			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>R2 Great Bend, KS</u> License No. <u> </u> Address <u> </u> Signed <u>Kelly Price</u> Date <u>5-20-76</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					

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

Form WWC-5