

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

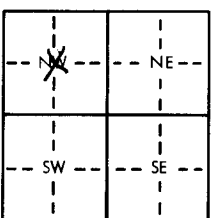
Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

County		Fraction	Section number	Township number	Range number
PdW Nee		1/4      1/4 CNM/4	14	T 23 S R 17 NW	

1. Location of well:		Distance and direction from nearest town or city: <u>4 3/4 W.</u> Street address of well location if in city: <u>ZOOK, KS</u>		3. Owner of well: <u>Mike Giles</u> R.R. or street: <u>R2, Larned, KS.</u> City, state, zip code:	
----------------------	--	---	--	---	--

4. Locate with "X" in section below:			Sketch map:		
N					
W		E			
S					
1 Mile					

5. Type and color of material	From	To
Top Soil - Clay	0	10
Sand	10	25
Sand - Gravel	25	63

6. Bore hole dia. <u>30</u> in. Completion date _____ Well depth <u>63</u> ft. <u>3-18-77</u>	
7. Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored <input checked="" type="checkbox"/> Reverse rotary	
8. Use: Domestic ___ Public supply ___ Industry ___ <input checked="" type="checkbox"/> Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other	
9. Casing: Material <u>STL</u> Height: Above or below Threaded ___ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP ___ PVC ___ Weight ___ lbs./ft. Dia. <u>16</u> in. to <u>43</u> ft. depth Wall Thickness: inches or Dia. ___ in. to ___ ft. depth Gage No. <u>3/16"</u>	
10. Screen: Manufacturer's name <u>Doeerr</u> Type <u>Steel</u> Dia. <u>16"</u> Slot/gauze <u>1/8"</u> Length <u>20'</u> Set between <u>43</u> ft. and <u>63</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/4</u>	
11. Static water level: mo./day/yr. _____ <u>20</u> ft. below land surface Date <u>3-18-77</u>	
12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. <u>54</u> ft. after <u>4</u> hrs. pumping <u>700</u> g.p.m. Estimated maximum yield <u>800</u> g.p.m.	
13. Water sample submitted: mo./day/yr. _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: ___ Pitless adapter <u>13</u> Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement ___ Bentonite ___ Concrete ___ Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>NONE</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes ___ No ___	
17. Pump: Not installed Manufacturer's name <u>Goulds</u> Model number <u>5510</u> HP <u>45</u> Volts _____ Length of drop pipe <u>50</u> ft. capacity <u>600</u> g.p.m. Type: Submersible ___ Turbine <input checked="" type="checkbox"/> Jet ___ Reciprocating ___ Centrifugal ___ Other ___	

(Use a second sheet if needed)

18. Elevation:	19. Remarks:
Topography: ___ Hill ___ Slope <input checked="" type="checkbox"/> Upland ___ 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>186</u> <u>Kelly's Waterwell Ser</u> Business name <u>R2 Great Bend, KS</u> License No. _____ Address <u>Kelly Price</u> Signed _____ Date <u>6-6-77</u> Authorized representative

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

Form WWC-5