

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

| | | | | | |
|---|--|-------------------------|--|--|--|
| 1. Location of well: | | County: <u>Stafford</u> | Fraction: <u>NW 1/4 NW 1/4 NW 1/4</u> | Section number: <u>33</u> | Township number: T <u>24</u> S R <u>11</u> <u>W</u> |
| 2. Distance and direction from nearest town or city: <u>25.24 E</u> | | | 3. Owner of well: <u>H-30 DRILLING INC</u> | | |
| Street address of well location if in city: <u>Stafford, KS</u> | | | R.R. or street: <u>200 N. MAIN</u> | | |
| | | | City, state, zip code: <u>Nichita, KS</u> | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. <u>7</u> in. Completion date <u>7-27-76</u> | |
| | | | | Well depth <u>85</u> ft. | |
| | | | | 7. <input checked="" 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other | |
| | | | | 9. Casing: Material <input type="checkbox"/> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>4</u> in. to <u>85</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>564 40</u> | |
| 5. Type and color of material | | | From | To | 10. Screens: Manufacturer's name <u>MDI</u> |
| <u>Top Soil - Clay</u> | | | <u>0</u> | <u>20</u> | Type <u>PVC</u> Dia. <u>4</u> |
| <u>Sand</u> | | | <u>20</u> | <u>28</u> | Slot/gauze <u>1/8</u> Length <u>20</u> |
| <u>Clay</u> | | | <u>28</u> | <u>43</u> | Set between <u>65</u> ft. and <u>85</u> ft. |
| <u>Sand</u> | | | <u>43</u> | <u>54</u> | Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 - 3/4"</u> |
| <u>Sand - Gravel</u> | | | <u>54</u> | <u>85</u> | 11. Static water level: <u>16</u> ft. below land surface Date <u>7-27-76</u> |
| | | | | | 12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>40</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>12</u> inches above grade |
| | | | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" 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>oil</u> ft. <u>60</u> Direction <u>S</u> Type <u>Test</u> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | | | | | 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ 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 |
| (Use a second sheet if needed) | | | | | |
| 18. Elevation: | | 19. Remarks: | | 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 186</u> Business name <u>R2 Great Bend, KS</u> License No. ____ Address <u>Kelly Price</u> Date <u>8-11</u> Signed <u>Kelly Price</u> Authorized representative | |
| 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