

USE TYPEWRITER OR BALL
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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 Stafford	Fraction C 1/4 NE 1/4 NE 1/4	Section number 4	Township number T 24 S	Range number R 13 E
2. Distance and direction from nearest town or city: Street address of well location if in city: 607 E. South, St. John, KS				3. Owner of well: Clyde Knoch R.R. or street: 607 E. South City, state, zip code: St. John, KS 67576		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. 9 in. Completion date 6-11-76 Well depth 70 ft.		
5. Type and color of material				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 checked="" 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 type="checkbox"/> Other		
				9. Casing: Material Styrene Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 1.5 lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200#		
				10. Screen: Manufacturer's name Jess & Lowell Type Styrene 200# Dia. 5" Slot gauze 1/8 Length 10' Set between 60 ft. and 70 ft. Gravel pack? Yes Size range of material 3/8-200		
				11. Static water level: <input type="checkbox"/> mo./day/yr. 21 1/2 ft. below land surface Date 6-11-76		
(Use a second sheet if needed)				12. Pumping level below land surfaces: N/C ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade		
				15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				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		
				19. Remarks: *It was thought we were to install the pump for this well. No pump has been installed		
				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. Clarke Well & Eq., Inc. 185 Business name License No. Address Great Bend, KS Signed [Signature] Date 11-3 Authorized representative		

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

Form WWC-5