

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

<input checked="" type="checkbox"/> Location of well:	County Reno	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 15	Township number T 24	Range number S R 4	EW												
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: North Haven Street address of well location if in city: 1 W Sp + East N Side of House			3. Owner of well: Joe Pitts R.R. or street: R.R.1, City, state, zip code: Burrton, Kans, 67020															
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> </div> </div>		6. Bore hole dia. 10 in. Completion date 8-22-79 Well depth 40 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 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 PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 160 lbs./ft. Dia. 5 in. to 0 ft. depth Wall Thickness: inches or Dia. 5 in. to 20 ft. depth gage No. 258																
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>3</td> </tr> <tr> <td>Clay</td> <td>3</td> <td>7</td> </tr> <tr> <td>Medium Sand And Gravel, Loose Formation</td> <td>7</td> <td>40</td> </tr> </tbody> </table>				From	To	Top Soil	0	3	Clay	3	7	Medium Sand And Gravel, Loose Formation	7	40	10. Screen Certain-Teed Type Sawed Dia. 5 Slot/gauze 1/16 Length 20 Set between 20 ft. and 40 ft. Gravel pack? Yes Size range of material 1/4-1/8 11. Static water level: 8' 8-22-79 8 ft. below land surface Date 12. Pumping level below land surfaces: 12 ft. after 1 hrs. pumping 15 g.p.m. 10 ft. after 2 hrs. pumping 20 g.p.m. Estimated maximum yield 100 g.p.m. 13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date 14. Well head completion: 18 inches above grade <input type="checkbox"/> Pitless adapter 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: none ft. Direction Type Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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			
	From	To																
Top Soil	0	3																
Clay	3	7																
Medium Sand And Gravel, Loose Formation	7	40																
(Use a second sheet if needed)																		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Rosencrantz Bemis Ent. Inc. 134 Business name 1211 W. 4th. Hutch. Kans. License No. Address Mike Powers Date 10-31-79 Signed Mike Powers Authorized representative																	

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

Form WWC-5