

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

1. Location of well: County Pratt		Fraction ^N NE SW SW 1/4 NW 1/4 C 1/4		Section number 15	Township number T 26 S	Range number R 15 W E/W
2. Distance and direction from nearest town or city: Hopwell Ks Street address of well location if in city: 2 EAST 1 SOUTH 12 SE in Sec.			3. Owner of well: Sterling R.R. or street: City, state, zip code: Sterling Ks			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map:		6. Bore hole dia. 9 in. Completion date _____ Well depth 75 ft. 8-29-78	
					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 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	
5. Type and color of material			From To		9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 278-3 lbs./ft. Dia. 5 in. to 75 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200	
					10. Screen: Manufacturer's name _____ Shop made Type SAW Dia. 5 Slot/gauze 1/8 Length 20 Set between 75 ft. and 55 ft. _____ ft. and _____ ft. Gravel pack <input checked="" type="checkbox"/> Size range of material 1/4-1/8	
					11. Static water level: _____ mo./day/yr. 30 ft. below land surface Date 8-29-78	
					12. Pumping level below land surfaces: _____ 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 type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From 30 ft. to 45-50	
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: _____ 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	
					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. Myers Water Well 143 Business name _____ License No. _____ Address Great Bend Ks Signed Floyd Rowndell Date 8-29- Authorized representative	
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

26
150
15
C
1/4
1/4
1/4
1/4

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

Form WWC-5