

X

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 <b>KIOWA</b>	Fraction <b>C 1/4 NE 1/4 SW 1/4</b>	Section number <b>12</b>	Township number <b>T 27</b>	Range number <b>S R 16 W E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>J Kelton</b> R.R. or street: <b>Greensburg ks</b> City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>8 1/2</b> in. Completion date <b>4-16-82</b> Well depth <b>90</b> 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	
5. Type and color of material		From			To	
<b>TOP SOIL &amp; CLAY</b>		<b>0</b>			<b>35</b>	
<b>SAND + GRAVEL</b>		<b>35</b>			<b>90</b>	
<b>CLAY</b>		<b>90</b>				
					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 <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>2 1/2</b> in. RMP <b>PVC</b> <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>90</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>SOR 21</b>	
					10. Screen: Manufacturer's name <b>Peckless</b> Type <b>PVC</b> Dia. _____ Slot/gauze _____ Length _____ Set between <b>70</b> ft. and <b>90</b> ft. _____ ft. and _____ ft. Gravel pack? <b>No</b> Size range of material <b>1/4</b>	
					11. Static water level: <b>UNK.</b> mo./day/yr. _____ ft. below land surface Date _____	
					12. Pumping level below land surfaces: <b>N/A</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50</b> 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 <b>24</b> Inches above grade	
					15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
					16. Nearest source of possible contamination: <b>N/A</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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	
					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. <b>BRAD DRILL CO. 217</b> Business name <b>BUCKLIN KS</b> License No. _____ Address <b>Topeka</b> Date <b>4-16-82</b> Signed _____ Authorized representative	
18. Elevation:		19. Remarks: <b>BEREN CORP. - OIL OPERATOR</b> <b>KELTON A 2 CNESW</b> <b>12-27-16W</b>				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 27  
R 16 W  
E  
Sec 12  
1/4 1/4 1/4  
C NESW

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

Form WWC-5