

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 <u>Kinga</u> Fraction <u>NE 1/4 NE 1/4 SE 1/4</u> Section number <u>19</u> Township number <u>T 27 S</u> Range number <u>R 16 E</u>	
2. Distance and direction from nearest town or city: <u>4 N Haviland Kansas</u> Street address of well location if in city: _____	
3. Owner of well: <u>Russell Livingston</u> R.R. or street: _____ City, state, zip code: <u>Haviland Kansas</u>	
4. Locate with "X" in section below: Sketch map:	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 2</u>
<u>Silt + Sand</u>	<u>2 9</u>
<u>White Clay</u>	<u>9 11</u>
<u>Brown Clay</u>	<u>11 37</u>
<u>Gravel</u>	<u>37 52</u>
<u>Tan Clay</u>	<u>52 55</u>
<u>Gravel</u>	<u>55 87</u>
<u>Tan Clay</u>	<u>87 89</u>
<u>Gravel</u>	<u>89 100</u>
(Use a second sheet if needed)	
6. Bore hole dia. <u>8 3/4</u> in. Completion date <u>11-17-78</u> Well depth <u>100</u> ft.	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 <u>Pl.</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>GI.</u> Surface <u>14</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.5</u> lbs./ft. Dia. <u>3</u> in. to _____ ft. depth Wall thickness: inches or Dia. _____ in. to <u>100</u> ft. depth Gauge No. <u>200</u>	
10. Screens: Manufacturer <u>Plastics</u> Name <u>Juniflow</u> Type <u>RMP</u> Dia. <u>5</u> " Slot gauge <u>1/8</u> Length <u>30</u> ' Set between <u>80</u> ft. and <u>100</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 3/4</u>	
11. Static water level: _____ mo./day/yr. <u>42</u> ft. below land surface Date <u>11/78</u>	
12. Pumping level below land surfaces: <u>42</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> 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 checked="" type="checkbox"/> Pitless adapter <u>14</u> Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>14</u> ft.	
16. Nearest source of possible contamination: _____ ft. _____ Direction <u>W</u> Type <u>Drain</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: _____ Not installed Manufacturer's name <u>Flint + Walling</u> Model number: <u>7B 4 1/2</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>63</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
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>Carl Hayes Water Well Dr. 224</u> Business Name _____ License No. _____ Address <u>603 So. Maple Shreeburg Kan</u> Signature <u>Carl Hayes</u> Date <u>11-17-78</u> Authorized representative	

T 27 R 16 E 19 NE 1/4 SE

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

Form WWC-5