

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 Kiowa	Fraction 1/4 c 1/4 SW 1/4	Section number 21	Township number T 27 S	Range number R 16 EW
2. Distance and direction from nearest town or city: 4-N 1/4-E from Haviland, Ks. Street address of well location if in city:			3. Owner of well: Clifton Clark R.R. or street: none City, state, zip code: Haviland, Kansas 67059		
4. Locote with "X" in section below: N W NW NE SW SE X E S 1 Mile			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>127</u> ft. <u>4-5-78</u>
sandy top soil			0	3	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
sandy brown clay			3	13	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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
sandy white clay			13	22	9. Casing: Material <u>steel</u> Height: Above or <u>below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>127</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>7</u>
sand w/clay mixed			22	51	10. Screen: Manufacturer's name _____ Doerrs Type <u>steel</u> Dia. _____ Slot <u>3/16</u> Length <u>40</u> Set between <u>87</u> ft. and <u>127</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>
sand & gravel			51	75	11. Static water level: _____ mo./day/yr. <u>31</u> ft. below land surface Date <u>12-20-77</u>
very good gravel			75	127	12. Pumping level below land surfaces: <u>na</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
hard white clay			127	140	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>12-19-77</u>
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 _____ ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. <u>700</u> Direction <u>north</u> Type <u>corrall</u> 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
			(Use a second sheet if needed)		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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 <u>134</u> Business name License No. Address Great Bend, Kansas <u>67530</u> Signed <u>J. Kellogg</u> <u>12-19-77</u> Authorized Representative

27 160 21 1/4 1/4 C SW

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

Form WWC-5