

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 ne 1/4	Section number 21	Township number T 27 S R 16 (W)
2. Distance and direction from nearest town or city: 5-N 1/4-E of Haviland, Ks.			3. Owner of well: Clifton Clark		
Street address of well location if in city:			R.R. or street: none		
			City, state, zip code: Haviland, Kansas 67059		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 29 in. Completion date _____	
				Well depth 148 ft. 3-23-78	
				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 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	
				9. Casing: Material steel Height: Above or below Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 16 in. to 148 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 7	
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____	
sandy brown top soil		0	3	Type steel Dia. _____	
redish brown clay		3	23	Slot/ max 3/16 Length 40	
clay w/gravel mixed		23	25	Set between 108 ft. and 148 ft.	
sand & gravel		25	30	Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8	
brown clay w/ gravel		30	45	11. Static water level: _____ mo./day/yr. 30 ft. below land surface Date 12-15-77	
gravel		45	82	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping na g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
clay		82	83	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 12-15-77	
gravel & clay balls		83	95	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
gravel		95	130	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
gravel w/clay balls		130	150	16. Nearest source of possible contamination: ft. 7mi Direction south Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
brown & white clay		150	160	17. Pump: <input checked="" type="checkbox"/> Nat 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:		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.	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 67530 Signed S. Kilgore 6-19-79 Authorized representative Date	

27-160-21-1/4-1/4 CNE

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

Form WWC-5