

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>NW 1/4 NE 1/4 NW 1/4</b>	Section number <b>23</b>	Township number T <b>27</b> S	Range number R <b>16 W</b> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>XPLOR Drilling Co.</b> R.R. or street: City, state, zip code: <b>Wichita, Ks</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>100</u> ft. <u>18 NOV 77</u>	
					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	
5. Type and color of material		From	To	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		
Sand, fine		0	2	9. Casing: Material _____ Height: <u>0</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>258</u>		
Sand, fine to coarse		2	12	10. Screen: Manufacturer's name <u>Perless</u> Type <u>Saw slot</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>30'</u> Set between <u>70</u> ft. and <u>100</u> ft. Set between _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 X 1/4</u>		
Clay, brown		12	22	11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>18 NOV 77</u>		
Sand, fine to coarse		22	60	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
Clay, brown		60	65	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sand, fine to coarse and med. to coarse gravel		65	120	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</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>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>NW 1/4</u> Well disinfected upon completion? <input checked="" 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. <b>Central Well &amp; Pump Svc 325</b> Business name License No. _____ Address <u>121 S. Taylor Pratt, Ks.</u> Signed <u>A. Anomich</u> Date <u>22 July 78</u> Authorized representative		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

2 2  
 1 6  
 W  
 2 3  
 NW  
 NE  
 NW  
 1/4  
 1/4  
 1/4

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

Form WWC-5