

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 CSW 1/4 NE 1/4	Section number 23	Township number T 27 S R 16 W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
			5 N 3 E Haviland, KS			
			Red Tiger Drig. Co. 1720 KS State BK Bldg Wichita, KS			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date Well depth 92 ft. 7-2-77		
				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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stack <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material		From	To	9. Casing: Material _____ Height: Above 0 _____ Threaded _____ Welded _____ Surface 24 in. RMP _____ PVC <input checked="" type="checkbox"/> _____ Weight _____ lbs./ft. Dia. 5 in. to 92 ft. depth Wall thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. SCH 40		
Top Soil - Clay		0	20	10. Screen: Manufacturer's name _____ Type PVC MPI Dia. 5" Slot/gauze 1/16" Length 20 Set between 72 ft. and 92 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8 X 3/4"		
SAND		20	40	11. Static water level: _____ mo./day/yr. 30 ft. below land surface Date 7-2-77		
Clay		40	55	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.		
SAND-GRAVEL		55	92	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 12 inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. 70 Direction SE Type DIT TEST 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		
		(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. 186 Kelly's Water Well Ser. Business name RZ Great Board License No. _____ Address Kelly Price Signed Kelly Price Date 8-11-79 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

27 T 6 W
 23
 CSW NE

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

Form WWC-5