

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 <i>Kiowa</i>	Fraction <i>C/NE</i> 1/4 1/4 1/4	Section number <i>26</i>	Township number <i>27</i> S	Range number <i>16</i> E/W	
2. Distance and direction from nearest town or city: <i>3 N 3/2 E 1 N from Haviland</i> Street address of well location if in city: <i>E side of Rd.</i>			3. Owner of well: <i>Ward Feed Yard</i> R.R. or street: <i>Rd. 2</i> City, state, zip code: <i>Larned, Ks</i>				
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <i>29</i> in. Completion date _____ Well depth <i>153</i> ft. <i>5-12-75</i>			
5. Type and color of material		From	To	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			
<i>Sandy Top Soil</i>		<i>0</i>	<i>1 1/2</i>	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			
<i>Clay</i>		<i>1 1/2</i>	<i>12</i>	9. Casing: Material <i>Steel</i> Height: <i>Above</i> or <i>Below</i> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia <i>16</i> in. to <i>153</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>7</i>			
<i>Sand & Clay Mixed</i>		<i>12</i>	<i>23</i>	10. Screen: Manufacturer's name _____ <i>Doerrs</i> Type <i>Steel</i> Dia. <i>16</i> Slot/gauze <i>3/16</i> Length <i>60</i> Set between <i>93</i> ft. and <i>153</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>12 3/4 3/8</i>			
<i>Clay</i>		<i>23</i>	<i>47</i>	11. Static water level: _____ mo./day/yr. <i>60</i> ft. below land surface Date <i>3-12-75</i>			
<i>med. Sand</i>		<i>47</i>	<i>50</i>	12. Pumping level below land surfaces: <i>58</i> ft. after <i>12</i> hrs. pumping <i>900</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>1000</i> g.p.m.			
<i>Extra Good Sand & Gravel</i>		<i>70</i>	<i>125</i>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>4-17-75</i>			
<i>Clay</i>		<i>125</i>	<i>130</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade			
<i>Extra Good Sand & Gravel</i>		<i>130</i>	<i>153</i>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.			
<i>Hard Clay</i>		<i>153</i>	<i>160</i>	16. Nearest source of possible contamination: ft. <i>1 mile</i> Direction <i>SW</i> Type <i>Hog Farm</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: _____ Not installed Manufacturer's name <i>WLR</i> Model number <i>SCM12</i> HP <i>60</i> Volts _____ Length of drop pipe <i>85</i> ft. capacity <i>900</i> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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. <i>Rosenkrantz - Bemis 134</i> Business name: _____ License No. _____ Address <i>Great Bend, Ks.</i> Signed <i>Fredrick Rodson</i> Date <i>4/20/75</i> Authorized representative				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5