

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 SE 1/4 SE 1/4 SE 1/4	Section number 30	Township number T 27 S R 16 NW	Range number
2. Distance and direction from nearest town or city: 3 N.			3. Owner of well: Ronald Taylor			
Street address of well location if in city: Haviland, KS			R.R. or street: R1 Haviland, KS			
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. 9 in. Completion date 3-4-77 Well depth 76 ft.
						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
5. Type and color of material			From	To	8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Top Soil - Clay			0	42	9. Casing: Material _____ Height: 9 Above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 76 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. Sch. 40	
Sd Nd			42	54	10. Screen: Manufacturer's name _____ Type PVC Dia. 2 1/2" Slot/gauze 320 Length 20 Set between 56 ft. and 76 ft. _____ ft. and _____ ft.	
Sd Nd - Gravel			54	76	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-3/4	
					11. Static water level: _____ mo./day/yr. 40 ft. below land surface Date 3-4-77	
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 40 g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade	
					15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
					16. Nearest source of possible contamination: Septic ft. 80 Direction NW Type Tank 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:		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 Kellys Water Well Ser Business name _____ License No. _____ Address R2 Great Bend, KS Signed Kelly Juice Date 6-6-77 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 27
 S R 16
 Sec 30
 SE SE SE
 1/4 1/4 1/4

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

Form WWC-5