

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>1/4 1/4 CSE 1/4</b>	Section number <b>36</b>	Township number <b>T 27 S R</b>	Range number <b>16</b>	<b>EW</b>
2. Distance and direction from nearest town or city: <b>6 miles NE of Haviland, KS</b> Street address of well location if in city:				3. Owner of well: <b>Duane Swafford (Swafford Bros.)</b> R.R. or street: <b>Box 1301</b> City, state, zip code: <b>Twin Falls, ID 83301</b>			
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <u>24</u> in. Completion date <u>6-25-76</u> Well depth <u>168</u> ft.			
				7. <input type="checkbox"/> Cable tool <input 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 checked="" 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			
5. Type and color of material				9. Casing: Material <u>steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>in.</u> to <u>ft.</u> depth gage No. <u>7 ga.</u>			
				10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double - slot</u> Dia. <u>16"</u> Slot gauge <u>1/8"</u> Length <u>68'</u> Set between <u>100</u> ft. and <u>168</u> ft. ft. and <u>ft.</u> Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u>			
				11. Static water level: <u>68' 6"</u> below land surface Date <u>6-24-76</u> mo./day/yr.			
				12. Pumping level below land surfaces: <u>N/C</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>g.p.m.</u>			
				13. Water sample submitted: <u>mo./day/yr.</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>        </u>			
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade			
				15. Well grouted? <u>yes</u> 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. <u>        </u> Direction <u>        </u> Type <u>        </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>FMC/Peerless Corp.</u> Model number <u>12LB-3</u> HP <u>80</u> Volts <u>---</u> Length of drop pipe <u>100</u> ft. capacity <u>900</u> 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. <u>Clarke Well &amp; Equip. Inc.</u> 185 Business name License No. Address <u>Great Bend, KS 67530</u> Signed <u>[Signature]</u> Date <u>7-7-76</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

27  
 L6  
 36  
 CSE  
 1/4 1/4 1/4  
 1/4

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

Form WWC-5