

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 <u>Hiowa</u> Fraction <u>1/4 C 1/4 NE 1/4</u> Section number <u>36</u> Township number <u>T 27 S</u> Range number <u>R 16 E/W</u>	
2. Distance and direction from nearest town or city: <u>from Wellford, Ks. 2 mi. N. 4 mi. E.</u> 3. Owner of well: <u>Richard Rose</u> R.R. or street: <u>none</u> City, state, zip code: <u>Hawilandy, Ks. 67059</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> <div> <p>6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>140</u> ft. <u>5-31-77</u></p> <p>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</p> <p>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</p> <p>9. Casing: Material <u>steel</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth; Wall Thickness: inches or Dia. <u>1 1/2</u> in. to <u>140</u> ft. depth; gage No. <u>7</u></p> </div> </div>	
5. Type and color of material	
	From To
<u>Sandy top soil</u>	<u>0 2</u>
<u>Brown clay</u>	<u>2 33</u>
<u>Brown clay with some sand &amp; gravel</u>	<u>33 36</u>
<u>Brown sandy clay</u>	<u>36 63</u>
<u>Sand &amp; gravel</u>	<u>63 74</u>
<u>Sand &amp; gravel, clay mix</u>	<u>74 86</u>
<u>Sand &amp; gravel</u>	<u>86 137</u>
<u>Hard gray clay</u>	<u>137 150</u>
(Use a second sheet if needed)	
10. Screen: Manufacturer's name <u>Doerccs</u> Type <u>steel</u> Dia. <u>1 1/2</u> Slot/gauge <u>3/16</u> Length <u>40'</u> Set between <u>100</u> ft. and <u>140</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>2 3/4 3/8</u>	
11. Static water level: _____ mo./day/yr. <u>55</u> ft. below land surface Date <u>12-10-76</u>	
12. Pumping level below land surfaces: <u>69</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1400</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>12-10-76</u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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. <u>200</u> Direction <u>north</u> Type <u>gas well</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: _____ Not installed Manufacturer's name <u>W.T.R.</u> Model number <u>4-1200</u> HP <u>60</u> Volts _____ Length of drop pipe <u>120'</u> ft. capacity <u>800</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	
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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>Rosencrants-Bemis 134</u> Business name _____ License No. _____ Address <u>West Bend, Ks. 67550</u> Signed <u>Andy Kilgore</u> Date <u>8-26-77</u> Authorized representative

T 27  
 R 16  
 E/W  
 Sec 36  
 CNE  
 1/4  
 1/4  
 1/4

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

Form WWC-5