

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 C 1/4 SW 1/4	Section number 11	Township number T 27 S R 17 E/W	Range number
2. Distance and direction from nearest town or city: 1-W 6-N 1-W North side from Haviland, Ks				3. Owner of well: Kenneth Keen		
Street address of well location if in city:				City, state, zip code: Fellsburg, Kansas 67048		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 29 in. Completion date _____ Well depth 171 ft. 4-25-78		
				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 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		From	To	9. Casing: Material steel Height: Above or Below _____ Threaded _____ Welded _____ Surface 24 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 16 in. to 171 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. 7		
Sandy top soil		0	2	10. Screen: Manufacturer's name _____ Doerrs Type steel Dia. _____ Slot/size 3/16 Length 40 Set between 131 ft. and 171 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8		
Fine sand		2	18	11. Static water level: _____ mo./day/yr. 31 ft. below land surface Date 1-4-78		
Red clay fine sand mixed		18	27	12. Pumping level below land surfaces: 48 ft. after 1 hrs. pumping 600 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1000 g.p.m.		
Brown and white clay w/fine sand mixed		27	34	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 1-4-78		
Sand		34	42	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
Clay break		42	43	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
Sand & gravel		43	53	16. Nearest source of possible contamination: ft. 1/2 mi Direction East Type oil test Well disinfected upon completion? HTH Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sand & gravel w/yellow clay		53	57	17. Pump: _____ Not installed Manufacturer's name W.L.R. Model number 5-12CM HP 60 Volts _____ Length of drop pipe 100 ft. capacity 850 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		
Sand & gravel - coarse		57	86	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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 67530 Signed Sandy Kilgore Date 5-26-78 Authorized representative		
Sand & gravel - brown clay mixed		86	94			
Sand & gravel - medium		94	107			
Yellow and white clay		107	108			
Sand & gravel - Medium		108	116			
Brown clay		116	123			
Sand & gravel		123	169			
Brown & white clay (Use a second sheet if needed)		169	170			
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 27 S R 17 E
 Sec 11
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5