

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>SW 1/4 SW 1/4 NE 1/4</i>	Section number <i>11</i>	Township number T <i>27</i> S R <i>17</i> E/W
2. Distance and direction from nearest town or city: <i>7 mi S. 1 1/2 mi E. of Fellsburg, Ks.</i> Street address of well location if in city:			3. Owner of well: <i>Kenneth Keen</i> R.R. or street: <i>none</i> City, state, zip code: <i>Fellsburg, Ks. 67048</i>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. _____ in. Completion date _____ Well depth <i>80</i> ft. <i>1-3-78</i>	
		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 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	
				9. Casing: Material <i>PVC</i> Height: Above or below _____ Threaded _____ Welded _____ Surface <i>24</i> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <i>4 1/2</i> in. to <i>80</i> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <i>237</i>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ Type <i>PVC</i> Dia. <i>4 1/2</i> Slot/gauze <i>1/16</i> Length <i>40</i> Set between <i>60</i> ft. and <i>80</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>12 3/4 28</i>
<i>Sandy top soil</i>			<i>0</i>	<i>2</i>	11. Static water level: _____ mg./day/yr. <i>23</i> ft. below land surface Date <i>1-3-78</i>
<i>Fine sand - brown clay</i>			<i>2</i>	<i>11</i>	12. Pumping level below land surfaces: <i>25</i> ft. after <i>1</i> hrs. pumping <i>10</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
<i>Fine sand</i>			<i>11</i>	<i>14</i>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>1-3-78</i>
<i>Brown & gray clay</i>			<i>14</i>	<i>16</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
<i>Medium sand</i>			<i>16</i>	<i>20</i>	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.
<i>Yellow brown & gray clay</i>			<i>20</i>	<i>27</i>	16. Nearest source of possible contamination: ft. <i>11</i> Direction <i>east</i> Type <i>corrug</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Sand & gravel</i>			<i>27</i>	<i>38</i>	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
<i>Brown clay</i>			<i>38</i>	<i>40</i>	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>Rosencrantz-Bemis</u> <i>134</i> Business name License No. Address <i>Great Bend, Kansas 67530</i> Signed <i>Sandy Kilgore</i> Date <i>2-16-78</i> Authorized representative
<i>Sand & gravel</i>			<i>40</i>	<i>48</i>	
<i>Brown clay</i>			<i>48</i>	<i>49</i>	
<i>Sand & gravel</i>			<i>49</i>	<i>85</i>	
<i>Yellow clay</i>			<i>85</i>	<i>97</i>	
(Use a second sheet if needed)					
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

27 17 11
 Sec 11
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 SUSW 1/4

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

Form WWC-5