

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82o-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	Section number 18	Township number T 27 S	Range number R 17 E/W																																		
2. Distance and direction from nearest town or city: 5 1/4 mi - Greenburg, Mo. Street address of well location if in city:				3. Owner of well: Ron Sieler R.R. or street: City, state, zip code: Greenburg, Ks																																				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 2 1/2 in. Completion date 7-1-76 Well depth 147 ft.																																			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>5. Type and color of material</td> <td>From</td> <td>To</td> </tr> <tr> <td>Sandy Top Soil</td> <td>0</td> <td>6</td> </tr> <tr> <td>White and Gray Clay</td> <td>6</td> <td>14</td> </tr> <tr> <td>Sand and Gravel</td> <td>14</td> <td>19</td> </tr> <tr> <td>Brown Clay</td> <td>19</td> <td>22</td> </tr> <tr> <td>Sand and Gravel</td> <td>22</td> <td>104</td> </tr> <tr> <td>Brown Clay</td> <td>104</td> <td>116</td> </tr> <tr> <td>Sand and Gravel</td> <td>116</td> <td>119</td> </tr> <tr> <td>Brown Clay</td> <td>119</td> <td>124</td> </tr> <tr> <td>Sand and Gravel</td> <td>124</td> <td>147</td> </tr> <tr> <td>Yellow Brown Clay</td> <td>147</td> <td></td> </tr> </table>			5. Type and color of material	From	To	Sandy Top Soil	0	6	White and Gray Clay	6	14	Sand and Gravel	14	19	Brown Clay	19	22	Sand and Gravel	22	104	Brown Clay	104	116	Sand and Gravel	116	119	Brown Clay	119	124	Sand and Gravel	124	147	Yellow Brown Clay	147		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		
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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			9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 1 1/2 in. to 147 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. 7																																					
10. Screen: Manufacturer's name Doerns Type Steel Dio. 1 1/2 Slot 3/16 Length 60 Set between 87 ft. and 147 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 3/4 3/8			11. Static water level: _____ mo./day/yr. 22 ft. below land surface Date 5-10-76																																					
12. Pumping level below land surfaces: 20 ft. after 1 1/2 hrs. pumping 1200 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1400+ g.p.m.			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____																																					
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.																																					
16. Nearest source of possible contamination: ft. 3/4 Direction N Type farm house Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			17. Pump: Not installed Manufacturer's name Jacuzzi Model number 3-12-MS HP 80 Volts 115 Length of drop pipe 80 ft. capacity 800 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:		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, Mo Signed Fredia Hudson Date 9/11/76 Authorized representative																																				

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

Form WWC-5