

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 C 1/4 NE 1/4 1/4	Section number 19	Township number T 27^s S	Range number R 17^w E/W
2. Distance and direction from nearest town or city: Fallsburg 9 m. South 2 m. west plus 1320 ft. Street address of well location if in city:			3. Owner of well: D.R. Fayek Oil Co R.R. or street: 815 Morton City, state, zip code: Great Bend, Kans 67530		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 5 in. Completion date 4-10-79 Well depth 80 ft.	
		<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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other</p>		9. Casing: Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Dia. 5 in. to 80 ft. depth	
				<p>Height: Above or below Surface 12 in. Weight 28.3 lb./ft. Wall Thickness: inches or gage No. 265</p>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name Jet Stream Type Sand Dia. 5 Slot/gauze 1/8 Length 20 Set between 60 ft. and 80 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-1/4
					11. Static water level: 20 ft. below land surface Date 4-10-79
					12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ 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 <input checked="" type="checkbox"/> 12 Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 6 ft. to 10 ft.
					16. Nearest source of possible contamination: ____ ft. ____ Direction ____ Type None Well disinfected upon completion? ____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ 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
(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. Myers Water Well Service Business name Great Bend, Kans License No. 1418 Address 1418 Signed Charles E. Myers Date 4-10-79 Authorized representative		

T 27^s S
 R 17^w E/W
 Sec 19
 CNE NE
 1/4 1/4

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

Form WWC-5