

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

<input checked="" type="checkbox"/> 1. Location of well:	County Kiowa	<input checked="" type="checkbox"/> Fraction 1/4 C 1/4 SW 1/4	<input checked="" type="checkbox"/> Section number 20	<input checked="" type="checkbox"/> Township number T 27 S R 17 E	<input checked="" type="checkbox"/> Range number 17
<input checked="" type="checkbox"/> 2. Distance and direction from nearest town or city: Street address of well location if in city:	side 4-W 4-N 1-3/4-W North of Haviland, Ks.		3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>137</u> ft. <u>3-3-75</u>		
			7. <input checked="" 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			9. Casing: Material <u>steel</u> Weight: Above or below <u>xxx</u> Threaded _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>137</u> ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>7</u>		
			10. Screen: Manufacturer's name _____ Doerrs Type <u>steel</u> Dia. _____ Slot <u>xxx 3/16</u> Length <u>60</u> Set between <u>77</u> ft. and <u>137</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>		
			11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>1-4-75</u>		
			12. Pumping level below land surfaces: <u>33</u> ft. after <u>1</u> hrs. pumping <u>800</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1600+</u> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>1-4-75</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>1100</u> Direction <u>sw</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: _____ Not installed Manufacturer's name <u>Fairbanks Morse</u> Model number <u>2012MA</u> HP <u>60</u> Volts _____ Length of drop pipe <u>70</u> ft. capacity <u>1000</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		
(Use a second sheet if needed)					
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. Rosencrantz-Bemis <u>134</u> Business name License No. Address <u>Great Bend, Ks. 67530</u> <input checked="" type="checkbox"/> Signed <u>Sandy L. Looe</u> Date <u>6-20-79</u> Authorized representative			

T 27
 R 17
 W
 E
 Sec 20
 1/4
 1/4
 C SW

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

Farm WWC-5