

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 <u>Nowa</u>		Fraction <u>1/4 C 1/4 NE 1/4</u>	Section number <u>1</u>	Township number <u>T 27 S</u>	Range number <u>R 19 E/W</u>
2. Distance and direction from nearest town or city: <u>SN - 2W of Drumming, KS</u> Street address of well location if in city:			3. Owner of well: <u>Don Davis</u> R.R. or street: City, state, zip code: <u>Kingley, KS.</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>29</u> in. Completion date <u>7-26-75</u> Well depth <u>168</u> ft.	
				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 <u>Steel</u> (Height) Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>1 1/2</u> in. to <u>168</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>792</u>	
<u>sandy top soil</u>		<u>0</u>	<u>2 1/2</u>	10. Screen: Manufacturer's name <u>Deere</u> Type <u>Steel</u> Dia. <u>16</u> Slot/gauge <u>3/16</u> Length <u>80</u> Set between <u>88</u> ft. and <u>168</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-7/8</u>	
<u>Clay</u>		<u>2 1/2</u>	<u>8</u>	11. Static water level: _____ mo./day/yr. <u>31</u> ft. below land surface Date <u>7-1-75</u>	
<u>fine sand</u>		<u>8</u>	<u>21</u>	12. Pumping level below land surfaces: <u>38</u> ft. after <u>1</u> hrs. pumping <u>1000</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1400</u> g.p.m.	
<u>Sand</u>		<u>21</u>	<u>28</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>7-1-75</u>	
<u>Clay</u>		<u>28</u>	<u>43</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
<u>Sand + gravel</u>		<u>43</u>	<u>75</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>11</u> ft.	
<u>Clay</u>		<u>75</u>	<u>88</u>	16. Nearest source of possible contamination: ft. <u>314</u> Direction <u>N</u> Type <u>COINEL</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Gravel</u>		<u>88</u>	<u>103</u>	17. Pump: _____ Nat installed Manufacturer's name <u>W.F.P.</u> Model number <u>5-12-CP</u> HP <u>80</u> Volts _____ Length of drop pipe <u>100</u> ft. capacity <u>900</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	
<u>Clay</u>		<u>103</u>	<u>118</u>		
<u>Sand</u>		<u>118</u>	<u>124</u>		
<u>Gravel</u>		<u>124</u>	<u>143</u>		
<u>sand + gravel little clay</u>		<u>143</u>	<u>153</u>		
<u>Gravel</u>		<u>153</u>	<u>175</u>		
(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. <u>Rosenberry - Bonis 134</u> Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>India Redon</u> Date <u>9/14/74</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

27  
 19  
 E  
 1  
 CNE  
 1/4  
 1/4  
 1/4

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

Form WWC-5