

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 <b>Kiowa</b>	Fraction <b>SE 1/4 SW 1/4 SW 1/4</b>	Section number <b>2</b>	Township number <b>T 27 S R 19 E W</b>	Range number
2. Distance and direction from nearest town or city: <b>11 1/2 miles Northwest of Greensburg, KS</b> Street address of well location if in city:				3. Owner of well: <b>Baird &amp; Herman</b> R.R. or street: <b>c/o Ralph Baird</b> City, state, zip code: <b>Larned, KS 67550</b>		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <b>9</b> in. Completion date <b>7-27-77</b> Well depth <b>100</b> ft.		
				7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
				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 checked="" 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 <b>Styrene</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>1.5</b> lbs./ft. Dia. <b>5</b> in. to <b>80</b> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <b>200#</b>		
				10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>Styrene 200</b> Dia. <b>5"</b> Slot/gauze <b>1/8</b> Length <b>20'</b> Set between <b>80</b> ft. and <b>100</b> ft. Gravel pack? <b>yes</b> Size range of material <b>3/8-200</b>		
Top soil & brown sandy clay				11. Static water level: <b>65</b> ft. below land surface Date <b>7-27-77</b> mo./day/yr.		
Gray & brown sandy clay & fine sand				12. Pumping level below land surfaces: <b>N/C</b> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.		
Sand & gravel				13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
Brown sandy clay				14. Well head completion: <b>12</b> inches above grade <input type="checkbox"/> Pitless adapter		
Sand & gravel				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: <b>Field</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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		
(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. <b>Clarke Well &amp; Eq., Inc. 185</b> Business name License No. <b>67530</b> Address <b>Great Bend, KS</b> Signed <b>[Signature]</b> Date <b>7-28-77</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5