

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 <i>Knox</i>	Fraction <i>1/4 C 1/4 NW 1/4</i>	Section number <i>12</i>	Township number T <i>27</i> S	Range number R <i>19</i> E/W
2. Distance and direction from nearest town or city: <i>8N-33W-4S of Decatur</i>			3. Owner of well: <i>Dwain Davis</i>			
Street address of well location if in city:			R.R. or street: City, state, zip code: <i>Kinsley, KS</i>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>2 3/4</i> in. Completion date <i>5-17-76</i>		
				Well depth <i>178</i> 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		
5. Type and color of material		From	To	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		
<i>sandy top soil</i>		<i>0</i>	<i>3</i>	9. Casing: Material <i>stl</i> Height: <i>76</i> Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>76</i> in. RMP <input type="checkbox"/> PVC <i>178</i> Weight _____ lbs./ft. Dia. <i>1 1/2</i> in. to <i>178</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>79a</i>		
<i>clay</i>		<i>3</i>	<i>14</i>	10. Screen: Manufacturer's name _____ <i>Davis</i> Type <i>stl</i> Dia. <i>1 1/2</i> Slot <i>3/16</i> Length <i>80</i> Set between <i>80</i> ft. and <i>124</i> ft. <i>1.38</i> ft. and <i>178</i> ft.		
<i>sand + gravel</i>		<i>14</i>	<i>36</i>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>4-7/8</i>		
<i>clay</i>		<i>36</i>	<i>42</i>	11. Static water level: _____ mo./day/yr. <i>40</i> ft. below land surface Date <i>3-16-76</i>		
<i>sand + gravel</i>		<i>42</i>	<i>59</i>	12. Pumping level below land surfaces: <i>32</i> ft. after <i>1/2</i> hrs. pumping <i>1000</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>1200</i> g.p.m.		
<i>clay</i>		<i>59</i>	<i>62</i>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>3/16-76</i>		
<i>sand + gravel</i>		<i>62</i>	<i>75</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
<i>clay</i>		<i>75</i>	<i>85</i>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.		
<i>sand + clay mixed</i>		<i>85</i>	<i>100</i>	16. Nearest source of possible contamination: ft. <i>100</i> Direction <i>SW</i> Type <i>apt. tank</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>clay</i>		<i>100</i>	<i>112</i>	17. Pump: _____ Not installed Manufacturer's name <i>w.i.s.t.</i> Model number <i>3-120</i> HP <i>40</i> Volts _____ Length of drop pipe <i>80</i> ft. capacity <i>200</i> 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		
<i>cemented sand</i>		<i>112</i>	<i>115</i>	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. <i>Dwain Davis</i> License No. <i>134</i> Business name <i>Great Bend, KS</i> Address <i>Freddie Madison</i> Signed _____ Date <i>3/31/76</i> Authorized representative		
<i>sand + gravel</i>		<i>115</i>	<i>124</i>			
<i>clay + rock</i>		<i>124</i>	<i>134</i>			
<i>cemented sand + clay</i>		<i>134</i>	<i>148</i>			
<i>good sand</i>		<i>148</i>	<i>170</i>			
<i>sand w/ clay streaks</i> (Use a second sheet if needed)		<i>170</i>	<i>178</i>			
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" 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