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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 Stanton	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 23	Township number T 27 S	Range number R 39 E/W
2. Distance and direction from nearest town or city: 8 north of Big Bow, Kansas Street address of well location if in city: Bow, Kansas				3. Owner of well: Olin Warner R.R. or street: Syracuse, Kansas 6767878 City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: <i>Well 20 ft</i> <i>Septic Tank</i>		6. Bore hole dia. <u>9 1/4</u> in. Completion date _____ Well depth <u>350</u> ft. <u>8/5/76</u>		
5. Type and color of material		From To		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 checked="" 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		
				9. Casing: Material <u>styrene</u> Weight: <u>12</u> lbs./ft. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>32</u> lbs./ft. Dia. <u>5</u> in. to <u>350</u> ft. depth Wall Thickness: <u>320</u> or Dia. _____ in. to _____ ft. depth gage No. _____		
				10. Screen: Manufacturer's name <u>Sunflower PEXXUM</u> Plastic Type <u>styrene</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>60</u> Set between <u>290</u> ft. and <u>350</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>No. 1</u>		
				11. Static water level: _____ mo./day/yr. <u>180</u> ft. below land surface <u>June 21</u> 1976		
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: (Use a second sheet if needed)		12. Pumping level below land surfaces: <u>220</u> ft. after <u>24</u> hrs. pumping <u>23</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>23</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> 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 <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>west</u> Type <u>septic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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. Houck Bros. Drilling Co. 164 Business name License No. _____ Address <u>Box 487, Ulysses, Ks.</u> Signed <u>M. M. Beard</u> Date <u>10/30/76</u> Authorized representative		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				
				18. Elevation: _____		
				19. Remarks: _____		
				20. Water well contractor's certification: _____		
				21. Notes: _____		