

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

Bolt #2

1. Location of well:	County <i>Scott</i>	Fraction <i>C 1/4 SW 1/4 SW 1/4</i>	Section number <i>33</i>	Township number <i>T 28</i>	Range number <i>S R 11</i>	E/W
2. Distance and direction from nearest town or city: <i>6 SOUTH 1 EAST 1/4 NE 1/4</i> Street address of well location if in city:			3. Owner of well: <i>Duke Dalg</i> R.R. or street: <i>1105 Williams Box 823</i> City, state, zip code: <i>Great Bend, KS 67530</i>			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map:		6. Bore hole dia. <i>4</i> in. Completion date <i>2-1-79</i> Well depth <i>75</i> ft.		
		7. 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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
		9. Casing: Material <input checked="" type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>28.3</i> lbs./ft. Dia. <i>5</i> in. to <i>75</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <i>200</i>				
		10. Screen: Manufacturer's name <i>Praxair</i> Type <i>Sand</i> Dia. <i>5</i> Slot/gauze <i>18</i> Length <i>20</i> Set between <i>75</i> ft. and <i>55</i> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <i>yes</i> Size range of material <i>24-48</i>				
		11. Static water level: <i>25</i> ft. below land surface Date <i>2-1-79</i> mo./day/yr.				
5. Type and color of material		From	To	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade		
				15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.		
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <i>None</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <i>Myers Water Well</i> <i>1/3</i> Business name License No. Address <i>Great Bend KS 67530</i> Signed <i>Chas Rosendall</i> Date <i>2-30-79</i> Authorized representative			

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

Form WWC-3