

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

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|--|---------------|
| 1. Location of well: County <u>Kiowa</u> Fraction <u>NW 1/4 NW 1/4 NE 1/4</u> Section number <u>16</u> Township number <u>T 28 S R 16</u> Range number <u>16</u> E-W | |
| 2. Distance and direction from nearest town or city: <u>3 E, Haviland Kansas</u> | |
| 3. Owner of well: <u>Phil Baker</u> R.R. or street: <u>Haviland Kansas</u> City, state, zip code: <u>Haviland Kansas</u> | |
| 4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> </div> </div> | |
| 6. Bore hole dia. <u>8 1/4</u> in. Completion date <u>7-9-77</u> Well depth <u>140</u> | |
| 7. <input checked="" 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 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>PI</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>GI</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall thickness inches or Dia. _____ in. to _____ ft. depth gage No <u>200</u> | |
| 5. Type and color of material | From To |
| <u>Top Soil</u> | <u>0 3</u> |
| <u>Lt. BR. Clay</u> | <u>3 65</u> |
| <u>Dry Gravel</u> | <u>65 83</u> |
| <u>Lt. BR. Clay</u> | <u>83 86</u> |
| <u>Siltavel</u> | <u>86 140</u> |
| 10. Screen: Manufacturer's name <u>Flowline Plastic</u> Type <u>RMP</u> Dia. <u>3</u> Slot gauge <u>19</u> Length <u>20</u> Set between <u>120</u> ft. and <u>140</u> ft. Grovel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 x 3/4</u> | |
| 11. Static water level: _____ mo./day/yr. <u>93</u> ft. below land surface Date <u>7-9-77</u> | |
| 12. Pumping level below land surfaces: <u>93</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15</u> g.p.m. | |
| 13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____ | |
| 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade | |
| 15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>14</u> ft. | |
| 16. Nearest source of possible contamination: _____ ft. Direction <u>E</u> Type <u>CRACK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. Pump: Not installed Manufacturer's name <u>FLINT & WALLING</u> Model number <u>7B412</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>126</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" 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: |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | |
| 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>Carl Hayes Water Well Inc. 224</u> Business Name _____ License No. _____ Address <u>603 S Maple Grensburg Mo</u> Signed <u>Carl Hayes</u> Date <u>7-9-77</u> Authorized representative | |

T 28 S
 R 16 W
 Sec 16
 NW NE

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

Form WWC-5