

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 Kiowa	Fraction C/ 1/4 SE 1/4 NW 1/4	Section number 31	Township number T 28 S R 16	Range number 16
2. Distance and direction from nearest town or city: 3 1/2 S west into field from Street address of well location if in city: Haviland				3. Owner of well: Rains & Williamson Co. Inc. R.R. or street: 435 Page Ct. City, state, zip code: Wichita, Ks., 67202		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 3 1/4 in. Completion date _____ Well depth 200 ft. 2-17-77		
				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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stack <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Sandy Top Soil		0	3	9. Casing: Material pvc Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 2 1/2 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 180 lbs./ft. Dia. 4 in. to 200 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 1/4		
Brown Clay		3	48	10. Screen: Manufacturer's name _____ R/B Type pvc Dia. 4 Slot/gauge 1/16 Length 30 Set between 170 ft. and 200 ft. _____ ft. and _____ ft.		
Sand Gravel Coarse		48	200	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 3/4 3/8		
				11. Static water level: _____ 99 ft. below land surface Date 2-17-77		
				12. Pumping level below land surfaces: NA _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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 type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? no With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.		
				16. Nearest source of possible contamination: ft. 2 Direction north Type septic Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
				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:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		pulled & plugged with gravel pack & well cuttings			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Rosencrantz-Bemis 134 Business name License No. _____ Address Great Bend, Ks. 67539 Signed Judith Dodson Date 2/22/77 Authorized representative	

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 16
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 31
 Sec
 1/4
 NW

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

Form WWC-5