

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>Rowa</i>	Fraction <i>1/4 1/4 1/4</i>	Section number <i>2</i>	Township number T <i>28</i> S R <i>17</i> <span style="float:right">EW</span>
2. Distance and direction from nearest town or city: <i>In 2w 1/4 n 4w Highland</i>			3. Owner of well: <i>Margaret Davis</i> R.R. or street: City, state, zip code: <i>Highland, KS</i>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>2 1/2</i> in. Completion date <i>8-18-76</i> Well depth <i>172</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		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	
				9. Casing: Material <i>Steel</i> Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>16</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <i>1 1/2</i> in. to <i>1 1/2</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <i>7</i>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name <i>Dovers</i> Type <i>steel</i> Dia. <i>16</i> Slot/gauge <i>3/16</i> Length <i>40</i> Set between <i>132</i> ft. and <i>172</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/2 3/4 1 1/2</i>
<i>Sandy Top Soil</i>			<i>0</i>	<i>1 1/2</i>	11. Static water level: <i>60</i> ft. below land surface Date <i>7-8-76</i> mo./day/yr.
<i>Sandy Clay</i>			<i>1 1/2</i>	<i>6</i>	12. Pumping level below land surfaces: <i>55</i> ft. after <i>1 1/2</i> hrs. pumping <i>1000</i> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <i>1200</i> g.p.m.
<i>Clay</i>			<i>6</i>	<i>12</i>	13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>7-10-76</i> mo./day/yr.
<i>Sandy Clay</i>			<i>12</i>	<i>32</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
<i>Fine Sand</i>			<i>38</i>	<i>38</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>Clay</i>			<i>38</i>	<i>43</i>	16. Nearest source of possible contamination: ft. <i>13</i> Direction <i>N</i> Type <i>septic tank</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Fine Sand</i>			<i>43</i>	<i>46</i>	17. Pump: <input 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
<i>Clay</i>			<i>46</i>	<i>48</i>	
<i>Good Clean Sand &amp; Gravel</i>			<i>48</i>	<i>174</i>	
<i>Clay</i>			<i>174</i>	<i>175</i>	
<i>Fine Sand</i>			<i>175</i>	<i>177</i>	
<i>Hard Clay</i>			<i>177</i>	<i>180</i>	
(Use a second sheet if needed)					
18. Elevation:		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>Rosimilarity-Bemis 1384</i> Business name <i>Great Bend, KS</i> License No. _____ Address <i>Media Padam</i> Signed <i>Media Padam</i> Date <i>9/29/76</i> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

28  
 T  
 17  
 R  
 17  
 E  
 2  
 Sec  
 1/4  
 1/4  
 C  
 SE

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

Form WWC-5