

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 NE 1/4 NW 1/4 E 1/4	Section number 2	Township number T 28 S R 17 E/W	Range number
2. Distance and direction from nearest town or city: 2 north- 2 1/4 west of Haviland Street address of well location if in city:				3. Owner of well: Robert Corrigan R.R. or street: Haviland, Ks. City, state, zip code:		
4. Locote with "X" in section below:		Sketch map:			6. Bore hole dia. 29 in. Completion date _____ Well depth 170 ft. 11-9-76	
					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	
5. Type and color of material		From	To	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		
Sandy top soil		0	3	9. Casing: Material steel Light: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 16 in. to 170 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 7 ga. 188wa		
Fine sand		3	8	10. Screen: Manufacturer's name _____ Coerrs Type steel Dia. 16 Slot/gauze 3/16 Length 80 Set between 90 ft. and 170 ft. _____ ft. and _____ ft.		
Fine sand and sandy brown clay		8	16	Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4-3/8-1/2		
Gray clay		16	18	11. Static water level: _____ mo./day/yr. 55 ft. below land surface Date 9-14-76		
Light green and yellow clay		18	32	12. Pumping level below land surfaces: _____ ft. after 1 hrs. pumping 1400 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Light brown clay some fine sand and gra		32	43	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 9-14-76		
Fine sand and gravel some clay mixed		43	51	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
Good clean sand and gravel		51	66	15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
Sand and gravel little clay mixed		66	89	16. Nearest source of possible contamination: ft. 4 Direction N Type Carrel Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Clean sand and gravel		89	94	17. Pump: _____ Nat installed Manufacturer's name Western Land Roller Model number 12 BHC 80 Volts - Length of drop pipe 110 ft. capacity 900 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Sand and gravel little clay mixed		94	102			
Clean sand and gravel		102	149			
Sand and gravel clay mixed		149	173			
Hard yellow clay & shale		173	173 1/2			
(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. Rosencrantz-Bemis 134 Business name _____ License No. _____ Address Great Bend, Ks. Signed Frederick Carlson Date 11/29/76 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

28
 170
 2
 1/4
 1/4
 1/4
 1/4
 NE 1/4 NW 1/4 E 1/4