

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 <u>X</u> Xiowa Fraction <u>X</u> NW 1/4 NE 1/4 NE 1/4 Section number 14 Township number T 28-W S Range number R 17 Ⓜ																		
2. Distance and direction from nearest town or city: 2 W. Haviland Kansas Street address of well location if in city:		3. Owner of well: Ronald Ross R.R. or street: City, state, zip code: Haviland Kansas																
X Locate with "X" in section below: Sketch map: 		6. Bore hole dia. <u>5</u> in. Completion date 9-20-75 Well depth 150 ft.																
5. Type and color of material		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																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%"></th> <th style="width:10%">From</th> <th style="width:10%">To</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>2</td> </tr> <tr> <td>Tan Clay - Gyp</td> <td>2</td> <td>26</td> </tr> <tr> <td>Tan Clay</td> <td>26</td> <td>95</td> </tr> <tr> <td>GRAVEL</td> <td>95</td> <td>150</td> </tr> </tbody> </table>			From	To	Top Soil	0	2	Tan Clay - Gyp	2	26	Tan Clay	26	95	GRAVEL	95	150	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	
	From	To																
Top Soil	0	2																
Tan Clay - Gyp	2	26																
Tan Clay	26	95																
GRAVEL	95	150																
		9. Casing: Material <u>PI</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>150</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>																
		10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot gauze <u>1/8</u> Length <u>20</u> Set between <u>130</u> ft. and <u>150</u> ft. Gravel pack? <u>No</u> Size range of material _____																
		11. Static water level: _____ mo./day/yr. <u>97</u> ft. below land surface Date 9-20-75																
		12. Pumping level below land surfaces: <u>97</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>25</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? <input checked="" type="checkbox"/> With: <u>2</u> 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>W</u> Type <u>CORRAL</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
		17. Pump: _____ Not installed Manufacturer's name <u>FLINT STOWLING</u> Model number <u>78012</u> HP <u>3/4</u> Vol. <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																
18. Elevation:		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>Paul Kaye Water Well Serv. 224</u> Business name _____ License No. _____ <u>603 E. Maple, Greensburg, Kans.</u> Address _____ Signed <u>Paul Kaye</u> Date <u>9-20-75</u> Authorized representative																
19. Remarks:																		

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

Form WWC-5

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 Sec 14
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