

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 <b>Kiowa</b>	Fraction <b>ne 1/4 nw 1/4 nw 1/4</b>	Section number <b>2</b>	Township number <b>T 28 S</b>	Range number <b>R 18 E/W</b>
2. Distance and direction from nearest town or city: <b>from 54 Hiway &amp; Centerview road</b> Street address of well location if in city: <b>2 1/2 N - 1/2 E south side road</b>			3. Owner of well: <b>DaMac Drilling Co.</b> R.R. or street: <b>Box 1164</b> City, state, zip code: <b>Great Bend, Ks. 67530</b>		
4. Locate with "X" in section below:		Sketch map:			
5. Type and color of material		From	To		
Sandy top soil		0	2		
Clay		2	45		
Sand & gravel		45	46		
Clay		46	47		
Gravel and sand good		47	115		
Clay		115	150		
Hard rock		150			
				6. Bore hole dia. <b>7 7/8</b> Completion date <b>12/5/75</b> Well depth <b>150</b> ft.	
				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	
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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 <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>160</b> lbs./ft. Dia. <b>4</b> in. to <b>120</b> depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>14</b>	
				10. Screen: Manufacturer's name <b>R &amp; B</b> Type <b>pre</b> Dia. <b>4</b> Slot/gauze <b>1/16</b> Length <b>20</b> Set between <b>120</b> ft. and <b>140</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/3/4</b> 5/8	
				11. Static water level: <b>55</b> ft. below land surface Date <b>12/5/75</b> mo./day/yr.	
				12. Pumping level below land surfaces: <b>70</b> ft. after <b>1</b> hrs. pumping <b>80</b> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>200</b> g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
				14. Well head completion: <input type="checkbox"/> Pinless adapter <b>12</b> inches above grade	
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
				16. Nearest source of possible contamination: ft. <b>120</b> Direction <b>east</b> Type <b>oil well</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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	
				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. <b>Losencrantz-Bemis 134</b> Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address <b>Great Bend, Ks.</b> Signed <b>Media Hudson</b> Date <b>12/10/75</b> Authorized representative	
18. Elevation:	19. Remarks:				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

28  
 T  
 R  
 18  
 2  
 NE 1/4 NW 1/4  
 Sec

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

Form WWC-5