

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 1/4 C 1/4 NW 1/4	Section number 26	Township number T 28 S R 19 E	Range number 19 E
2. Distance and direction from nearest town or city: 1/2 S 1/2 E from Joy, Ks. <small>Street address of well Location if in city:</small>				3. Owner of well: Earnest Vieux R.R. or street: 505 Anette City, state, zip code: Dodge City, Kansas 67801		
4. Locate with "X" in section below: <div style="text-align: center;"> </div> Sketch map:				6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>155</u> ft. <u>12-30-75</u>		
5. Type and color of material				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 <u>steel</u> Height: Above or below <u>grade</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>155</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <u>7</u>		
				10. Screen: Manufacturer's name _____ <u>Doerrs</u> Type <u>steel</u> Dia. _____ Slot xxx <u>3/16</u> Length <u>28</u> Set between <u>127</u> ft. and <u>155</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>		
				11. Static water level: _____ mo./day/yr. <u>96</u> ft. below land surface Date <u>11-20-74</u>		
				12. Pumping level below land surfaces: <u>111</u> ft. after <u>1</u> hrs. pumping <u>800</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1100</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>11-20-74</u>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>400</u> Direction <u>se</u> Type <u>gaswell</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Nat installed Manufacturer's name <u>W.L.R.</u> Model number <u>3-12BH</u> HP <u>40</u> Volts _____ Length of drop pipe <u>140</u> ft. capacity <u>800</u> 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		
				(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. <u>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Kansas 67530</u> Signed <u>S. Kilgore</u> Date <u>6-19-79</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

22
 190
 26
 1/4
 1/4
 1/4
 C NE

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

Form WWC-5