USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

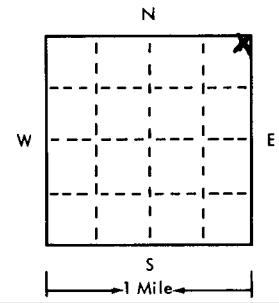
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Kiowa		NENENE	2	29	17

Distance and direction from nearest town or city: 4 South, 2 West of Haviland, Ks.
Street address of well location if in city:

3 Owner of well: Ward Feed yard
Address: Larned, Ks.

Locate with "X" in section below:



Sketch map:

4 Well depth: 100 ft. Date of completion 10-29-74
Well diameter 8 3/4 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☒ Stock

7 Casing: Material PVC Height: above/below
Threaded ☐ Welded ☒ Surface 1ft in.
Diam. 5 1/2 Weight 100 lbs./ft.
0 in. to 80 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Sandy top soil	0	3
Sand & gravel, clean coarse loose	3	56
Yellow brown clay	56	57
Sand & gravel, clean coarse loose	57	100
(use a second sheet if needed)		

8 Screen:
Manufacturer R+B
Type slot PVC Dia. 5 1/2
Slot/gauze 16 Length 20'
Set between 80 ft. and 100 ft. 20'
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/16-3/8

9 Static water level:
46 ft. below land surface Date 10-29-74

10 Pumping level below land surfaces:
47 ft. after 5 hrs. pumping 3 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 300 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date 10-31-74

12 Well head completion:
☐ Pitless adapter ☒ 12" Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐
Depth: From 10 0 ft. to 80 70 ft.

14 Nearest source of possible contamination: UNKNOWN
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name Windmill w/ cylinder
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☒ Reciprocating
☐ Centrifugal ☒ Other

16 Remarks: elevation

Topography:
☐ Hill
☒ Slope
☐ Upland
☐ Valley

17 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.
Rosenkrantz - Bemis
Business name License No.
Address Great Bend, Ks. 134
Signed Julia Nelson Date 10-30-74
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H