

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 Gray	Township name N.W.N.	Fraction W. N. E.	Section number 2	Town number T 29S	Range number R 30 W
Distance and direction from nearest town or city: $2\frac{1}{2}$ S. $\frac{1}{4}$ of Montezuma, Kansas 67867			3 Owner of well: Steven R. Dirks Rt. 1 Montezuma, Kansas 67867			
Locate with "X" in section below:			Sketch map:			
			4 Well depth: 160 ft. Date of completion 5/2/75 Well diameter 9 in. 5 <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 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well 7 Casing: Material RMP Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. 5 in. to 160 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight 320 lbs. 8 Screen: Manufacturer Sunflower Type RMP Dia. 5" Set/gauze 1/16 Length 65 Set between 95 ft. and 160 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8 9 Static water level: 95 ft. below land surface Date 5/2/75 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 3 ft. to 15 ft. 14 Nearest source of possible contamination: Septic tank ft. 256 Direction N.W. Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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 16 Remarks: elevation Well is to be completed by Friesen Windmill & Supply @Meade Kansas (use a second sheet if needed)			
16 Remarks: elevation Well is to be completed by Friesen Windmill & Supply @Meade Kansas Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <b>T. &amp; W. Waterwell Ser. 142</b> Business name _____ License No. _____ Address Box 816 Liberal, KS. Signed <b>Calvin W. Williams</b> Date 5/5/75 Authorized representative _____						

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

Form WWC-5

Partially filled from the well.