

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>NW 1/4 NW 1/4 SW 1/4</b>	Section number <b>22</b>	Township number <b>T 30 S</b>	Range number <b>R 18 W E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Search Drilling Co.</b> R.R. or street: City, state, zip code: <b>Wichita, Ks</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>10</b> in. Completion date _____ Well depth <b>150</b> ft. <b>8 MAY 78</b>	
					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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material		From	To	9. Casing: Material _____ Height: <b>above</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>120</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>258</b>		
Soil		0	2	10. Screen: Manufacturer's name _____ Type <b>Saw slot</b> Dia. <b>5</b> Slot/gauze <b>1/8</b> Length <b>30'</b> Set between <b>120</b> ft. and <b>150</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 X 1/4</b>		
Clay, tan		2	50	11. Static water level: _____ mo./day/yr. <b>81</b> ft. below land surface Date <b>8 MAY 78</b>		
Clay, white and caliche		50	63	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50</b> g.p.m.		
Clay, green and white		63	84	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sand, fine to medium		84	96	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
Sand, very fine to fine with clay streaks		96	110	15. Well grouted? <input checked="" type="checkbox"/> 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.		
Clay, green and blue		110	124	16. Nearest source of possible contamination: ft. _____ Direction _____ Type <b>NONE</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sand, fine to coarse and fine gravel		124	134	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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		
Sand, very fine to fine with clay streaks		134	150	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>Central Well &amp; Pump Svc. 325</b> Business name License No. Address <b>121 S. Taylor Pratt, Ks.</b> Signed <b>St. Anomich</b> Date <b>24 July 79</b> Authorized representative		
Clay, green and cemented sand		150	166			
Sand, very fine to fine very silty		166	182			
Clay, tan and red		182	190			
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

30  
18  
22  
NW  
NW  
SW

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

Form WWC-5