

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

WATER WELL RECORD  
KSA 820-1201-1215

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>1/4 cnw 1/4 ne 1/4</b>	Section number <b>21</b>	Township number <b>T 30</b>	Range number <b>S R 19 E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
			<b>12s 5 1/2 w</b> <b>Greensburg, Ks.</b>			
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>8</u> in. Completion date <u>2-24-78</u> Well depth <u>217</u> ft.			
			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			9. Casing: Material <input type="checkbox"/> Height: Above <input checked="" type="checkbox"/> Below <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.8</u> lbs./ft. Dia. <u>5</u> in. to <u>217</u> ft. depth Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth gage No. <u>sch 40</u>			
			10. Screen: Manufacturer's name <u>Jetstream</u> Type <u>pvc</u> Dia. <u>5"</u> Slot/gauze <u>1/32"</u> Length <u>40'</u> Set between <u>177</u> ft. and <u>217</u> ft. Set between <u>   </u> ft. and <u>   </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/4"</u>			
			11. Static water level: <u>85</u> ft. below land surface Date <u>2-24-78</u> mo./day/yr.			
			12. Pumping level below land surfaces: <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>60</u> g.p.m.			
			13. Water sample submitted: <u>   </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>   </u>			
			14. Well head completion: <u>   </u> Pitless adapter <u>12</u> Inches above grade			
			15. Well grouted? <input checked="" type="checkbox"/> With: <u>   </u> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.			
			16. Nearest source of possible contamination: <u>oil</u> ft. <u>65</u> Direction <u>S</u> Type <u>test</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>   </u> Model number <u>   </u> HP <u>   </u> Volts <u>   </u> Length of drop pipe <u>   </u> ft. capacity <u>   </u> 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			
			(Use a second sheet if needed)			
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Kellys Waterwell ser 186</b> Business name License No. Address <b>R2 Great Bend, Ks.</b> Signed <u>Kelly Price</u> Date <u>9-9-78</u> Authorized representative		

T 30  
 R 19  
 E/W  
 Sec 21  
 1/4  
 1/4  
 1/4  
 1/4  
 C N W N E

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

Form WWC-5