

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 SW 1/4 SE 1/4 NW 1/4	Section number 3	Township number T 30 S R 20 E/W	Range number
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:		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile				3. Owner of well: Max Seacat Greensburg, Kansas		
				6. Bore hole dia. 9 7/8 in. Completion date _____ Well depth 171 ft. 11-8-75		
				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		
5. Type and color of material				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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material RMP Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 220 lbs./ft. 100 Dia. 5 in. to 171 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 320		
				10. Screen: Manufacturer's name _____ Jess & Lowell Type RMP Dia. 5" Slot/gauze 1/8" Length 30' Set between 121 ft. and 171 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 3/16"		
				11. Static water level: _____ mo./day/yr. 95 ft. below land surface Date 10/30/75		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter 18 Inches above grade		
				15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: none ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: Not installed Manufacturer's name 8' Aeromotor Windmill Model number _____ HP _____ Volts _____ Length of drop pipe 147 ft. capacity 3 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 checked="" type="checkbox"/> Other		
				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. Friesen Windmill 252 Business name License No. Address Meade, Kansas 67864 Signed <i>[Signature]</i> Date 11-21-75 Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

30
20
3
1/4 SE NW
1/4 1/4 1/4

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

Form WWC-5