

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

MT. JEFFERS NW

DCC

1. Location of well:		County Clark	Fraction SW 1/4 SW 1/4 SE 1/4	Section number 18	Township number T 30 S R 21 E	Range number 21
2. Distance and direction from nearest town or city: from Kingsdown, Ks., 5 1/2 south, 6 east & 1 south Street address of well location if in city:				3. Owner of well: Harvey Jantzen R.R. or street: City, state, zip code: Satanta, Kansas 67870		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9 7/8</u> in. Completion date _____ Well depth <u>185</u> ft. <u>4-19-77</u>		
				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		From	To	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		
Top soil		0	7	9. Casing: Material <u>PVC</u> Height: Above or <u>below</u> Threaded <input type="checkbox"/> Welded <input checked="" 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>185</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>.265</u>		
Clay		7	75	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauge <u>1/32</u> Length <u>60' 70'</u> Set between <u>115</u> ft. and <u>185</u> ft. _____ ft. and _____ ft.		
Fine to med. sand with clay & limestone streaks		75	178	Gravel pack? <u>Yes</u> Size range of material <u>#1 fine</u>		
Yellow clay		178	195	11. Static water level: _____ mo./day/yr. <u>119</u> ft. below land surface Date <u>4/8/77</u>		
Black shale		195	206	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
_____		_____	_____	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
_____		_____	_____	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
_____		_____	_____	15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
_____		_____	_____	16. Nearest source of possible contamination: <u>NONE</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <u>XX</u> Yes <input type="checkbox"/> No		
_____		_____	_____	17. Pump: _____ Not installed Manufacturer's name <u>Aermotor</u> Model number <u>SD12</u> HP <u>1</u> Volts <u>220</u> Length of drop pipe <u>180</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:		(Use a second sheet if needed)		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. <u>Friesen Windmill</u> <u>252</u> Business name License No. Address <u>Meade, Kansas</u> <u>67864</u> Signed <u>Harvey Jantzen</u> Date <u>5-4-77</u> Authorized representative		
19. Remarks: <i>TOPO</i>				<p style="text-align: right;"><i>2384 178 2206</i></p>		

30
21
18
SW SW SE
1/4 1/4 1/4

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

Form WWC-5