

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>Thomas</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>13</b>	Township number <b>T 7 S</b>	Range number <b>R 31 E/W</b>
2. Distance and direction from nearest town or city: <b>Rexford, KS</b> <b>2 miles South</b> Street address of well location if in city:			3. Owner of well: <b>Evelyn Seifert</b> R.R. or street: <b>923 Padina</b> City, state, zip code: <b>Ravenna, NE 68869</b>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 6. Bore hole dia. <b>28</b> in. Completion date <b>7-24-78</b> Well depth <b>190</b> ft. 7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary 8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other 9. Casing: Material <b>Steel</b> Height: Above or below <b>XXX</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>16</b> in. to <b>190</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>.188</b>			
5. Type and color of material			Fram	To	10. Screen: Manufacturer's name <b>Cook</b> Type <b>Well Screen</b> Dia. <b>16"</b> Slot/gauze <b>X .50</b> Length <b>10'</b> Set between <b>180</b> ft. and <b>190</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>70% 1/8, 30% #1</b>	
Clay, Sand Streaks, Limestone			0	120	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>78</b> ft. below land surface Date <b>7-24-78</b>	
Coarse Sand, Clay Streaks, Limestone Streaks			120	140	12. Pumping level below land surfaces: <b>170</b> ft. after <b>2</b> hrs. pumping <b>1272</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>1300</b> g.p.m.	
Fine Sand, Clay, Limestone Streaks			140	160	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
Coarse Sand, Med. Gravel, Clay Streaks			160	188	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
Ochre, Shale			188	200	15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
BROCK 188'					16. Nearest source of possible contamination: ft. <b>2600</b> Direction <b>N</b> Type <b>Farmstead</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: Manufacturer's name <b>Floway</b> Model number <b>10 DOH</b> HP <b>80</b> Volts <input type="checkbox"/> Length of drop pipe <b>180</b> ft. capacity <b>600</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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)					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>Western Well &amp; Pump, Inc. 245</b> Business name License No. Address <b>Box 852 Colby, KS 67701</b> Signed <b>Larry Moelling</b> Date <b>8/23/78</b> Authorized representative	
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5