

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 <u>Dickinson</u>	Fraction <u>Sw 1/4 NW 1/4 NW 1/4</u>	Section number <u>14</u>	Township number <u>T 16 S R 3</u>	Range number <u>E/W</u>
2. Distance and direction from nearest town or city: <u>1 3/4 S</u>			3. Owner of well: <u>Edwin Biedy</u> R.R. or street: <u>BB</u> City, state, zip code: <u>Hope, Mo.</u>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map:		6. Bore hole dia. <u>9 1/2</u> in. Completion date Well depth <u>95</u> ft. <u>3-20-29</u>	
					7. <input checked="" 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 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
					9. Casing: Material <u>Styrene</u> Height <u>12</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>200 lb.</u> Dia. <u>5</u> in. to <u>25</u> ft. depth Wall thickness: inches or Dia. <u>5</u> in. to <u>25</u> ft. depth gage No. <u>200 wall</u>	
					10. Screen: Manufacturer's name <u>Gen-Mac</u> Type <u>Styrene</u> Dia. <u>5 1/4</u> Slot/gauze <u>20</u> Length <u>20</u> Set between <u>40</u> ft. and <u>50</u> ft. <u>85</u> ft. and <u>95</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>	
5. Type and color of material			From	To	11. Static water level: <u>45</u> ft. below land surface Date <u>mo./day/yr.</u>	
<u>top soil</u>			<u>0</u>	<u>2</u>	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.	
<u>Yellow Clay & Shale</u>			<u>2</u>	<u>42</u>	13. Water sample submitted: <u>mo./day/yr.</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
<u>Some water</u>			<u>42</u>	<u>43</u>	14. Well head completion: ____ Pitless adapter <u>12</u> inches above grade	
<u>Yellow & Red clay</u>			<u>43</u>	<u>70</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
<u>Gray clay</u>			<u>70</u>	<u>90</u>	16. Nearest source of possible contamination: <u>Cattle</u> ft. <u>50</u> Direction <u>S W</u> Type <u>hot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Water</u>			<u>90</u>	<u>92</u>	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	
<u>Blue Shale</u>			<u>92</u>	<u>95</u>	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>Backhus Drg. 100</u> Business name _____ License No. _____ Address <u>Tampa, Mo.</u> Signed _____ Date _____ Authorized representative	
18. Elevation:			19. Remarks:			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5