

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 LINCOLN	Fraction 1/4 1/4 1/4 ENW	Section number 21	Township number T 12 S	Range number R 7 E
2. Distance and direction from nearest town or city: 2 S. 2 E Street address of well location if in city: LINCOLN, KS			3. Owner of well: Byron Bell R.R. or street: R2, LINCOLN City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map:		6. Bore hole dia. 30 in. Completion date 5-10-77 Well depth 60 ft.	
			7. 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: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> <input checked="" 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 <input type="checkbox"/>			
			9. Casing: Material Steel Height: 24 or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 34 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 16 in. to 40 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 3/16"			
			10. Screen: Manufacturer's name Doerr Type steel Dia. 16" Slot/gauze 1/8" Length 20' Set between 40 ft. and 60 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8"-3/4"			
5. Type and color of material			From	To		
Top Soil - Clay			0	32		
Sand			32	37		
Sand - Gravel			37	60		
					11. Static water level: <input type="checkbox"/> mo./day/yr. 20 ft. below land surface Date 5-10-77	
					12. Pumping level below land surfaces: 22 ft. after 4 hrs. pumping 600 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 600 g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter 24 inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Kellys Water Well Ser 186 Business name R2 Great Bend, KS License No. <input type="checkbox"/> Address Kelly Price Date 8-20-77 Signed Kelly Price Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5