

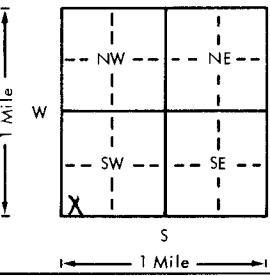
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

mc Under

CCC

1. Location of well:		County Ness	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 23	Township number T 17 S	Range number R 21	KW
2. Distance and direction from nearest town or city: 2s-3w of McCracken, Ks. Street address of well location if in city:				3. Owner of well: Jim Casey R.R. or street: McCracken, Ks. 67556 City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		6. Bore hole dia. 11 in. Completion date 7-12-79 Well depth 290 ft.		
5. Type and color of material			From	To	7. <input checked="" 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		
Top soil			0	3	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		
Hard brown clay			3	12	9. Casing: Material pvc Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 1/2 in. to 290 depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gauge No. 258		
Sandy clay			12	40	10. Screen: Manufacturer's name Certain teed Type pvc Dia. 5 1/2 Slot size 1/16 Length 30 Set between 260 ft. and 290 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft.		
Shale			40	260	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 - 3/4 - 3/8		
Broken sand rock			260	290	11. Static water level: <input type="checkbox"/> mo./day/yr. 120 ft. below land surface Date 7-12-79		
Shale mix			290		12. Pumping level below land surfaces: 240 ft. after 1 hrs. pumping 10 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 10 g.p.m.		
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 7-12-79		
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 Inches above grade		
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
					16. Nearest source of possible contamination: ft. 100 Direction SW Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> hth Yes <input type="checkbox"/> No		
CRETALEWS well					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		
					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. Rosencrantz-Bemis 134 Business name License No. Address BX 713 Great Bend, Ks. Signed Frederick Nelson Date 8/9/79 Authorized representative		
18. Elevation:		19. Remarks: 3165 48 2017					
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

L 7 tan
R 1 W
23
SW Sec SW
1/4 1/4 1/4

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

Form WWC-5