

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 Ellsworth	Fraction nw 1/4 nwl/4nw 1/4	Section number 26	Township number T 17 S R 9 E/W	Range number
2. Distance and direction from nearest town or city: 1-S 1-E of Lorraine, Ks. Street address of well location if in city:			3. Owner of well: X Aspen Drilling Co. R.R. or street: Box 783 City, state, zip code: Great Bend, Kansas 67530		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map:		
			6. Bore hole dia. 8 in. Completion date _____ Well depth 150 ft. 3-15-75		
			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		
5. Type and color of material			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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material pvc Height: Above or Below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 150 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 237		
			10. Screen: Manufacturer's name Certainteed		
			Type pvc Dia. _____ Slot/size 1/16 Length 40 Set between 150 ft. and 110 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8		
			11. Static water level: _____ mo./day/yr. 36 ft. below land surface Date 3-15-75		
			12. Pumping level below land surfaces: na _____ 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 _____ Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
			16. Nearest source of possible contamination: ft. 200 Direction SW Type oilwell Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			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		
			(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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 67530 Signed S. Kilgore Date 3-15-75 Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Inland <input type="checkbox"/> Valley					

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

Form WWC-5