

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

BEELE

WATER WELL RECORD  
KSA 82a-1201-1215

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

DRA

1. Location of well:		County <i>Wes</i>	Fraction <i>NE 1/4 NW 1/4 SE 1/4</i>	Section number <i>7</i>	Township number <i>T 19 S</i>	Range number <i>R 26 W</i>
2. Distance and direction from nearest town or city: <i>2 W 3 S of Beeler, KS.</i> Street address of well location if in city: <i>2 W 1 1/2 S of Beeler, KS.</i>			3. Owner of well: <i>Ben Brinner</i> R.R. or street: <i>none</i> City, state, zip code: <i>Beeler, KS, 67518</i>			
4. Locate with "X" in section below: N W 1 Mile E S 1 Mile			Sketch map: 		6. Bore hole dia. <i>7 3/8</i> in. Completion date <i>4-30-75</i> Well depth <i>45</i> ft.	
5. Type and color of material			7. <input 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		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	
Top soil			9. Casing: Material <i>PVC</i> Height: Above or below Threading: <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>18</i> in. RMP: <input type="checkbox"/> PVC <input type="checkbox"/> Weight: _____ lbs./ft. Dia: <i>5 1/2</i> in. to <i>45</i> ft. depth Wall Thickness: inches or Dia: _____ in. to _____ ft. depth Gage No. <i>258</i>		10. Screen: Manufacturer's name <i>Carters</i> Type <i>PVC</i> Dia. _____ Slot/gauge <i>1/16</i> Length <i>20</i> Set between <i>23</i> ft. and <i>45</i> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/2 3/4 1</i>	
Brown clay			11. Static water level: _____ mo./day/yr. <i>27</i> ft. below land surface Date <i>4-30-75</i>		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.	
Brown & white clay			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>4-30-75</i>		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
Sand & clay			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Benjontite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>16</i> ft.		16. Nearest source of possible contamination: ft. <i>74 mi</i> Direction <i>west</i> Type <i>feedyard</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sand, gravel & white rock			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. <i>Rosencrantz-Bemis</i> <i>134</i> Business name License No. Address <i>Great Bend, Ks. 67530</i> Signed <i>Sandy Kilgore</i> Date <i>6-7-79</i> Authorized representative	
Hard white rock			18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <i>2564 (TOPO)</i> <i>45</i> <i>2519</i>	
Shale			21. (Use a second sheet if needed)		22. (Use a second sheet if needed)	

T 19 R 26 W Sec 7 ne nuse

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

Farm WWC-5