

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

WATER WELL RECORD  
KSA 820-1201-1215

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

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1. Location of well: County <u>Ness</u> <del>Neosho</del>		Fraction <u>C 1/4 NE 1/4 NW 1/4</u>	Section number <u>36</u>	Township number <u>T 20</u>	Range number <u>S R 21</u>
2. Distance and direction from nearest town or city: <u>8N 4W of Burdett</u> Street address of well location if in city:			3. Owner of well: <u>Walter Lewis</u> R.R. or street: City, state, zip code: <u>Larned, Ks.</u>		
4. Locote with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia <u>12 1/2</u> in. Completion date _____ Well depth <u>35</u> ft. <u>12-20-76</u>	
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	2	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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Brown Clay		2	8	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <u>5 1/2</u> PVC Weight <u>160</u> lbs./ft. Dia <u>5 1/2</u> to <u>35</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>214</u>	
Brown Sandy Clay with White Rock		8	34	10. Screen: Manufacturer's name _____ Type <u>R/B</u> Slot/gauze <u>1/16</u> Dia. <u>5 1/2</u> Set between <u>15</u> ft. and <u>35</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>	
Shale		34	35	11. Static water level: _____ mo./day/yr. <u>14</u> ft. below land surface Date <u>12-20-76</u>	
<del>Top Soil</del>				12. Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
<del>Brown Clay</del>				13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>12-20-76</u>	
<del>Brown Sandy Clay with White Rock</del>				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
<del>Shale</del>				15. Well grouted? <input checked="" type="checkbox"/> <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
<del>Top Soil</del>				16. Nearest source of possible contamination: ft. <u>1500</u> Direction <u>NW</u> Type <u>oil well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<del>Brown Clay</del>				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	
<del>Brown Sandy Clay with White Rock</del>				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>Rosencrantz-Bemis</u> 134 Business name License No. Address <u>Great Bend, Ks.</u> Signed <u>Freddie Dodson</u> Date <u>12/21/76</u> Authorized representative	
<del>Shale</del>				18. Elevation: _____ 19. Remarks: <u>2220</u> <u>34</u> <u>2186</u>	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed)			

MNC  
20  
21  
36  
C  
1/4 1/4 NW

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

Form WWC-5