

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 <u>Powder</u>	Fraction <u>CE 1/2</u> <u>X</u> <u>1/4</u> <u>1/4</u> <u>SE</u> <u>1/4</u>	Section number <u>11</u>	Township number T <u>22</u> S	Range number R <u>17</u> E <u>(W)</u>				
2. Distance and direction from nearest town or city: <u>1 mi - W 1 mi straight west 9/10 south</u> Street address of well location if in city: <u>West into field from Ormrod, Ks.</u>			3. Owner of well: <u>Wilson Exploration</u> R.R. or street: <u>Box 546</u> City, state, zip code: <u>Wilson, Ks. 67490</u>							
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE <u>X</u></td></tr></table> E S 1 Mile</div>			NW	NE	SW	SE <u>X</u>	Sketch map:		6. Bore hole dia. <u>6 3/4</u> in. Completion date <u>9-12-78</u> Well depth <u>45</u> ft.	
NW	NE									
SW	SE <u>X</u>									
5. Type and color of material			From To		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 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					
Top soil Clay Sand & gravel Brown clay Fine sand & gravel Brown clay Sand & gravel Brown clay Blueish gray clay					9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <u>PVC</u> Weight <u>45</u> lbs./ft. Dia. <u>4</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. <u>4</u> in. to <u>45</u> ft. depth Gauge No. <u>237</u>					
					10. Screen: Manufacturer's name <u>Certain Teed</u> Type <u>PVC</u> Dia. <u>20</u> Slot/groove <u>1/16</u> Length <u>20</u> Set between <u>25</u> ft. and <u>45</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20-40</u>					
					11. Static water level: <u>13</u> ft. below land surface Date <u>9-12-78</u>					
					12. Pumping level below land surfaces: <u>13</u> ft. after <u>1</u> hrs. pumping <u>13</u> g.p.m. <u>32</u> ft. after <u>1</u> hrs. pumping <u>34</u> g.p.m. Estimated maximum yield <u>34</u> g.p.m.					
					13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>9-12-78</u>					
					14. Well head completion: <u>Pitless adapter</u> <u>0</u> inches above grade					
					15. Well grouted? <input checked="" type="checkbox"/> <u>Neat cement</u> <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.					
					16. Nearest source of possible contamination: <u>30</u> ft. Direction <u>SW</u> Type <u>oil well</u> Well disinfected upon completion? <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>					
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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					
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. <u>Insurance - Bemis 134</u> Business name <u>Dept. of Health, Ks. 67500</u> License No. _____ Address <u>Sandy Kilgore</u> Date <u>10-12-78</u> Signed _____ Authorized representative					

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

Form WWC-5