

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 Edwards	Fraction NW 1/4 NW 1/4 NE 1/4	Section number 16	Township number T 23 S R 20 E/W	Range number
2. Distance and direction from nearest town or city: 12 miles north & 2 east & 1 1/2 north of Offerle, Kansas <small>Street address of well location if in city:</small>			3. Owner of well: Lawrence Werner R.R. or street: 1201 2nd City, state, zip code: Dodge City, Kansas 67801		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>165</u> ft. <u>5-18-77</u>	
		<p>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</p> <p>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</p> <p>9. Casing: Material <u>RMP</u> Height: Above ground _____ Threaded _____ Welded _____ Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>165</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>250</u></p>			
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ Sunflower
Topsoil, clay, fine sand & cleecy			0	15	Type <u>RMP</u> Dia. <u>5"</u>
Fine sand, clay & shale			15	30	Slot size <u>1/8"</u> Length <u>20 ft.</u>
Fine sand - shale			30	45	Set between <u>145</u> ft. and <u>160</u> ft.
" " "			45	60	_____ ft. and _____ ft.
Blue shale			60	105	Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/4"</u>
Blue shale & stone layers			105	120	11. Static water level: _____ mo./day/yr. <u>135</u> ft. below land surface Date <u>5-18-77</u>
Blue shale & sandstone layers			120	135	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> _____ g.p.m.
Sandstone & shale			135	165	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
(Use a second sheet if needed)					14. Well head completion: None <input type="checkbox"/> Pitless adapter _____ Inches above grade
18. Elevation:					15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
19. Remarks: <p style="text-align: center;">in pasture</p>					16. Nearest source of possible contamination: None ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					17. Pump: Windmill <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. Joe's Well Service <u>179</u> Business name License No. Address <u>Box 174 Cimarron, Ks.</u> Signed <u>Lawrence Werner</u> <u>10-5-77</u> Authorized representative Date

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R
200
16
N
1/4
1/4
1/4

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

Form WWC-5