

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>Edwards</u> Stafford		Fraction <u>C/NE</u> 1/4 1/4 1/4		Section number <u>12</u>	Township number <u>24</u> T 24 S	Range number <u>16</u> R 16 E/W
2. Distance and direction from nearest town or city: <u>3 E 3 N of Macksville</u> Street address of well location if in city:				3. Owner of well: <u>Alex Howell</u> R.R. or street: City, state, zip code: <u>Macksville, Ks.</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>2 1/2</u> in. Completion date _____ Well depth <u>110</u> ft. <u>12-30-75</u>		
				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 checked="" 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		
5. Type and color of material				From	To	9. Casing: Material <u>Steel</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>10</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>
<u>Top Soil</u>				<u>0</u>	<u>2</u>	10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Steel</u> Dio. <u>1 1/2</u> Slot gauge <u>3/16</u> Length <u>40</u> Set between <u>70</u> ft. and <u>110</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>
<u>Dark Brown Clay</u>				<u>2</u>	<u>6</u>	11. Static water level: _____ mo./day/yr. <u>14</u> ft. below land surface Date <u>11-15-75</u>
<u>Light Brown & White Gandy Clay</u>				<u>6</u>	<u>34</u>	12. Pumping level below land surfaces: <u>15</u> ft. after <u>12</u> hrs. pumping <u>1080</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1200</u> g.p.m.
<u>Fine Sand</u>				<u>34</u>	<u>45</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>12-21-75</u>
<u>Sand & Gravel loose clean Med.</u>				<u>45</u>	<u>76</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
<u>Brown & White Clay</u>				<u>76</u>	<u>80</u>	15. Well grouted? <input checked="" type="checkbox"/> 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.
<u>Sand & Gravel clean coarse loose</u>				<u>80</u>	<u>99</u>	16. Nearest source of possible contamination: ft. <u>172</u> Direction <u>North</u> Type <u>Canal</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Brown Clay</u>				<u>99</u>	<u>100</u>	17. Pump: _____ Not installed Manufacturer's name <u>LULB</u> Model number <u>4CH 13</u> HP <u>60</u> Volts _____ Length of drop pipe <u>75</u> ft. capacity <u>1000</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
<u>Sand & Gravel</u>				<u>100</u>	<u>109</u>	
<u>Sand Rock & Yellow-Brown Clay</u>				<u>109</u>	<u>110</u>	
(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. <u>Rosenkrantz-Demis 134</u> Business name _____ License No. _____ Address <u>Meat Bend, Ks.</u> Signed <u>Fredie Anderson</u> Date <u>1/30/76</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 24
 R 16
 W
 S 12
 E
 CNE
 1/4
 1/4
 1/4

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

Form WWC-5