

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

<input checked="" type="checkbox"/> Location of well:	County <b>Edwards</b>	Fraction 1/4 1/4 <b>CNE</b> 1/4	Section number <b>16</b>	Township number T <b>24</b> S	Range number R <b>X16</b> EW
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: <b>1/2 miles Northeast of Belpre, KS</b> Street address of well location if in city:			3. Owner of well: <b>Ruddy Donovan</b> R.R. or street: <b>(?)</b> City, state, zip code: <b>Dodge City, KS 67801</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>24</b> in. Completion date <b>7-28-76</b> Well depth <b>93</b> ft.	
				7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary	
5. Type and color of material		From To		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	
<b>Top soil</b>		0 2		9. Casing: Material <b>steel</b> Height: <input checked="" type="checkbox"/> Above <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>30.3</b> lbs./ft. Dia. <b>0</b> in. to <b>53</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>7 ga.</b>	
<b>Gray clay</b>		2 6		10. Screen: Manufacturer's name <b>Doerr</b> Type <b>Double-slot</b> Dia. <b>16"</b> Slot gauge <b>1/8"</b> Length <b>40</b> Set between <b>53</b> ft. and <b>93</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>3/8-200</b>	
<b>Sand &amp; Sandy clay</b>		6 37		11. Static water level: _____ mo./day/yr. <b>17</b> ft. below land surface Date <b>7-12-76</b>	
<b>Sand &amp; gravel &amp; clay streak at 48</b>		37 92		12. Pumping level below land surfaces: <b>N/C</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
<b>Brown clay</b>		92 93		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				17. Pump: _____ Not installed Manufacturer's name <b>FMC Corp/Peerless</b> Model number <b>12LB-3</b> HP <b>80</b> Volts <b>--</b> Length of drop pipe <b>70</b> ft. capacity <b>900</b> 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	
		(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. <b>Clarke Well &amp; Equip. Inc. 185</b> Business name License No. _____ Address <b>Great Bend, KS 67530</b> Signed <i>[Signature]</i> Date <b>7-30-76</b> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				Sec 16 T 24 S R 16 E CNE 1/4 1/4 1/4 1/4	

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

Form WWC-5