

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: NE 1/4 SE 1/4 SE 1/4	Section number: 19	Township number: T 24	Range number: 16 EW																					
2. Distance and direction from nearest town or city: 1 mi. north west of Belpre on 50 Hi. mi. north at Sub Station			3. Owner of well: Kansas Power and Light Co. R.R. or street: 818 Kansas Ave. P.O. Box 889 City, state, zip code: Topeka, Kansas 66601																							
<input checked="" type="checkbox"/> Locate with "X" in section below:		Sketch map: 		6. Bore hole dia. 10 in. Completion date 11/27/78 Well depth 80 ft.																						
5. Type and color of material		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Top soil</td> <td>0</td> <td>3</td> </tr> <tr> <td>Hard dark brown clay</td> <td>3</td> <td>30</td> </tr> <tr> <td>Med. sand w/clay</td> <td>30</td> <td>35</td> </tr> <tr> <td>Fine sand w/clay</td> <td>35</td> <td>45</td> </tr> <tr> <td>Med. fine sand</td> <td>45</td> <td>50</td> </tr> <tr> <td>Med. sand</td> <td>50</td> <td>80</td> </tr> </tbody> </table>			From	To	Top soil	0	3	Hard dark brown clay	3	30	Med. sand w/clay	30	35	Fine sand w/clay	35	45	Med. fine sand	45	50	Med. sand	50	80	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	
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8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input 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		9. Casing: Material Plastic Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 120 lbs./ft. Dia. 5 in. to 10 ft. depth Wall thickness: inches or Dia. 0 in. to 10 ft. depth gage No. 3/8																								
(Use a second sheet if needed)		10. Screen: Manufacturer's name Certain Tech Type Sawed Dia. 5 Slot/gouze 24 Length 20 Set between 60 ft. and 80 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 48x44		11. Static water level: 23'6" ft. below land surface Date 11-27-78																						
				12. Pumping level below land surfaces: ft. after 1 hrs. pumping 30 g.p.m. 26 ft. after 1 hrs. pumping 30 g.p.m. Estimated maximum yield 70 g.p.m.																						
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks:		13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																						
				14. Well head completion: <input type="checkbox"/> Pitless adapter 18 Inches above grade																						
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. Rosencrantz-Bemis Ent. Inc. 134 Business name License No. _____ Address 1211 W. 4th Hutchinson, Ks Signed Mike Flawo Date 6-9-79 Authorized representative		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		16. Nearest source of possible contamination: ft. _____ Direction none Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
						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																				

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

Form WWC-5

24
 16E
 19
 NE SE SE
 1/4 1/4 1/4