

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County EDWARDS	Township name	Fraction CW 1/2 NW NW	Section number 25	Town number 24 S	Range number 16 W												
Distance and direction from nearest town or city: 3 E. 1/4 S			3 Owner of well: WOODMAN-EDMITH DRUG CO															
Street address of well location if in city: Belpre, Kan			Address: 1008 UNION NATL BLDG WICHITA, KANS															
Locate with "X" in section below:		Sketch map:		4 Well depth: 66 ft. Date of completion 4-8-75														
				Well diameter 5 1/2 in.														
				5 <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														
2 Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Top Soil - Clay</td> <td>0</td> <td>20</td> </tr> <tr> <td>SANDY CLAY</td> <td>20</td> <td>40</td> </tr> <tr> <td>SAND - GRAVEL</td> <td>40</td> <td>60</td> </tr> </tbody> </table>				Type and color of material	From	To	Top Soil - Clay	0	20	SANDY CLAY	20	40	SAND - GRAVEL	40	60	6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> OIL RIG SUPPLY		
				Type and color of material	From	To												
Top Soil - Clay	0	20																
SANDY CLAY	20	40																
SAND - GRAVEL	40	60																
7 Casing: Material PVC Height: <input checked="" type="checkbox"/> above / <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 2 in. to 60 ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ___ in. to ___ ft. depth				8 Screen: Manufacturer Piperless Type PVC Dia. 2 Slot/gauze 1/8" Length 15" Set between 45 ft. and 60 ft. Fittings: 1/8" - 3/4" Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ___														
				9 Static water level: 14 ft. below land surface Date 4-8-75														
10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield 50 g.p.m.				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___														
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12 Inches above grade														
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> ___ Depth: From 0 ft. to 10 ft.				14 Nearest source of possible contamination: ft. 100 Direction E Type Test Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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														
16 Remarks: elevation				17 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. Kellys Water Well Serv. 1966 Business name _____ License No. _____ Address B. 2 Bryant Blvd KS Signed Kelly Juice Date 4-10-75 Authorized representative														

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

24 16W 25 CW 1/2 NW NW