

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 SW 1/4 NW 1/4 | Section number 25 | Township number T 24 S R 16 | Range number EW |
| 2. Distance and direction from nearest town or city: 3 1/2 miles Southeast of Belpre, KS Street address of well location if in city: | | | 3. Owner of well: Abbe Miller R.R. or street: Rural Route City, state, zip code: Macksville, KS 67557 | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. <u>9</u> in. Completion date <u>4-7-77</u> Well depth <u>65</u> 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 | |
| | | | | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input 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 | |
| 5. Type and color of material | | From | To | 9. Casing: Material <u>styrene</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.5</u> lbs./ft. Dia. <u>5</u> in. to <u>51</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>200#</u> | |
| Top soil & clay | | 0 | 40 | 10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>Styrene 200</u> Dia. <u>5"</u> <u>Slot</u> gauge <u>1/8</u> Length <u>14'</u> Set between <u>51</u> ft. and <u>65</u> ft. <u> </u> ft. and <u> </u> ft. | |
| Sand & gravel | | 40 | 45 | Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u> | |
| Clay | | 45 | 50 | 11. Static water level: <u> </u> mo./day/yr. <u>17</u> ft. below land surface Date <u>4-7-77</u> | |
| Sand & gravel | | 50 | 65 | 12. Pumping level below land surfaces: <u>N/C</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m. | |
| | | | | 13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u> | |
| | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade | |
| | | | | 15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. | |
| | | | | 16. Nearest source of possible contamination: <u>FIELD</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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 | |
| (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. Clarke Well & Eq., Inc. 185 Business name License No. Address <u>Great Bend, KS 67530</u> Signed <u>[Signature]</u> Date <u>4-12-77</u> Authorized representative | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | |

T 24 S R 16 E
 Sec 25
 NW 1/4 SW 1/4 NW 1/4

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

Form WWC-5