

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

WATER WELL RECORD
KSA 820-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: <u>Edwards</u>	Fraction: <u>1/4 C 1/4 SE 1/4</u>	Section number: <u>4</u>	Township number: T <u>24</u> S	Range number: R <u>17</u> E <u>W</u>
2. Distance and direction from nearest town or city: <u>1 1/2 E 3 - N 1 1/2 E from Lewis, Ks.</u> Street address of well location if in city:			3. Owner of well: <u>Charles Aldrich</u> R.R. or street: City, state, zip code: <u>Barfield, Ks 67529</u>		
4. Locate with "X" in section below:			Sketch map:		
			6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>9-10-76</u> Well depth <u>63</u> ft.		
5. Type and color of material			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		
			9. Casing: Material <u>steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>1 1/2</u> in. to <u>63</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>		
			10. Screen: Manufacturer's name _____ Type <u>steel</u> Dia. <u>1 1/2</u> Slot/size <u>3/16</u> Length <u>20</u> Set between <u>43</u> ft. and <u>63</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____		
			11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date _____		
			12. Pumping level below land surfaces: <u>19</u> ft. after <u>1</u> hrs. pumping <u>1000</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1400+</u> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>4-13-76</u>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> 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: ft. <u>340m</u> Direction <u>west</u> Type <u>oil well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: Not installed Manufacturer's name <u>gacuzzi</u> Model number <u>5-10-ISA</u> HP <u>800</u> Volts _____ Length of drop pipe <u>50</u> ft. capacity _____ 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:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					
		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 Benis 134</u> Business name _____ License No. _____ Address <u>Great Bend, Ks.</u> Signed <u>S. Kilgore</u> Date <u>4-6-79</u> Authorized representative			

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

Form WWC-5