

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 <b>Edwards</b>	Fraction <b>1/4 cne 1/4 se 1/4</b>	Section number <b>5</b>	Township number T <b>24</b> S R	Range number <b>17W</b> E/W	
2. Distance and direction from nearest town or city: <b>2 1/2 e 3 1/2 N</b>			3. Owner of well: <b>Big Springs Drlg Inc.</b>				
Street address of well location if in city: <b>Lewis, Ks.</b>			R.R. or street: <b>Box 694</b>				
			City, state, zip code: <b>Great Bend, Ks. 67530</b>				
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>66</b> ft. <b>1-24-78</b>	
			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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other				
			9. Casing: Material _____ Height: Above <del>XXXX</del> _____ Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>66</b> ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>sch 40</b>				
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ <b>Jetstream</b>		
Top Soil-Clay			0	30	Type <b>pvc</b> Dia. <b>5"</b>		
Sandy Clay			30	40	Slot/gauze <b>1/32"</b> Length <b>20'</b>		
Sand-Gravel			<del>40</del> <b>40</b>	66	Set between _____ ft. and <b>66</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>		
					11. Static water level: _____ mo./day/yr. <b>24</b> ft. below land surface Date <b>1-24-78</b>		
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50</b> g.p.m.		
					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
					15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>10</b> ft.		
					16. Nearest source of possible contamination: _____ oil ft. <b>60</b> Direction <b>se</b> Type <b>test</b> Well disinfected upon completion? _____ 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		
			(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>Kellys Waterwell ser 186</b> Business name License No. _____ Address <b>R2 Great Bend, Ks.</b> Signed <b>Tilly Price</b> Date <b>8-29-78</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5