

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 ne 1/4 ne 1/4	Section number 6	Township number T 24 S	Range number R 17W E/W								
2. Distance and direction from nearest town or city: 4n 2e Street address of well location if in city: Lewis, Ks.			3. Owner of well: Big Springs Drlg Inc R.R. or street: Box 694 City, state, zip code: Great Bend, Ks. 67530										
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr><tr><td> </td><td> </td></tr></table> E S 1 Mile</div>					NW	NE	SW	SE			Sketch map: <div style="text-align: right;">X</div>		
NW	NE												
SW	SE												
5. Type and color of material			6. Bore hole dia. 8 in. Completion date 3-14-78 Well depth 62 ft.										
			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 <input type="checkbox"/> Height: Above ground <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 2.8 lbs./ft. Dia. 5 in. to 62 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. sch 40										
			10. Screen: Manufacturer's name Jetstream Type pvc Dia. 5" Slot/gauze 1/32" Length 20' Set between 42 ft. and 62 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-3/4"										
			11. Static water level: 24 ft. below land surface Date 3-14-78 mo./day/yr.										
			12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 60 g.p.m.										
			13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____										
			14. Well head completion: 12 inches above grade <input type="checkbox"/> Pitless adapter										
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.										
			16. Nearest source of possible contamination: oil ft. 60 Direction se Type test 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										
(Use o second sheet if needed)													
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Kellys Waterwell Ser 186 Business name R2 Great Bend, Ks. License No. ____ Address Kellys Signed Kellys Date 8-11- Authorized representative										

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

Form WWC-5