

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 SW 1/4 SW 1/4 NE 1/4	Section number 5	Township number T 24 S R 18 E/W	Range number 18
2. Distance and direction from nearest town or city: Street address of well location if in city: 6 NE Kinsley			3. Owner of well: Jerome Fox R.R. or street: RFD 1 City, state, zip code: Kinsley, Kansas 67547			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 29 in. Completion date _____ Well depth 34 ft. 9-19-77		
				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		
5. Type and color of material		From	To	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		
Top soil		0	1	9. Casing: Material steel Height: Above or below _____ Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 1 1/2 in. to 34 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 7		
Clay		1	4	10. Screen: Manufacturer's name _____ Doerrs Type steel Dia. _____ Slot 3/16 3/16 Length 8 Set between 26 ft. and 34 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8		
Sand		4	6	11. Static water level: _____ mo./day/yr. 17 ft. below land surface Date 3-25-77		
Gravel		6	31	12. Pumping level below land surfaces: 27 ft. after 1 hrs. pumping 200 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Clay		31	45	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 3-25-77		
				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 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? HTH Yes <input 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		
				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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 67530 Signed Sandy Kilgore Date 12-1-77 Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		#2 & #16 #16 are on the 1st sheet.				

T 24 S R 18 E
 Sec 5
 SUSUNNE

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

Form WWC-5