

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 <u>Edwards</u>	Fraction <u>C 1/4 NE 1/4 NE 1/4</u>	Section number <u>5</u>	Township number <u>T 24 S R 18 E/W</u>	Range number <u>18</u>
X Distance and direction from nearest town or city: Street address of well location if in city: <u>6 m. NE Kinsley</u>			3. Owner of well: <u>Jerome Fox</u> R.R. or street: <u>RFD 1</u> City, state, zip code: <u>Kinsley, Kansas 67547</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>32</u> ft. <u>9-19-77</u>		
				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		
<u>Top soil</u>		<u>0</u>	<u>1</u>	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>16</u> in. to <u>32</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. <u>7</u>		
<u>Clay</u>		<u>1</u>	<u>3</u>	10. Screen: Manufacturer's name _____ <u>Doerrs</u> Type <u>steel</u> Dia. <u>16</u> Slot <u>3/16</u> Length <u>8</u> Set between <u>24</u> ft. and <u>32</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>		
<u>Sand</u>		<u>3</u>	<u>6</u>	11. Static water level: _____ mo./day/yr. <u>14</u> ft. below land surface Date <u>3-19-77</u>		
<u>Shovel</u>		<u>6</u>	<u>32</u>	12. Pumping level below land surfaces: <u>28</u> ft. after <u>1</u> hrs. pumping <u>290</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
<u>Clay</u>		<u>32</u>	<u>40</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>3-19-77</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. _____ Direction _____ Type _____ Well disinfected upon completion? <u>HTH</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
				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. <u>Rosencrantz-Bemis</u> <u>734</u> Business name License No. Address <u>Great Bend, Kansas 67530</u> Signed <u>Sandy B. Rose</u> Date <u>12/1/77</u> Authorized Representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 24 S 18 E Sec 5 ONE NE

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

Form WWC-3