

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>NE<sup>1</sup>/<sub>4</sub> SW<sup>1</sup>/<sub>4</sub> NE<sup>1</sup>/<sub>4</sub></b>	Section number <b>5</b>	Township number <b>T 24 S R 18 E/W</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>6 NE Kinsley</b>			3. Owner of well: <b>Jerome Fox</b> R.R. or street: <b>RFD 1</b> City, state, zip code: <b>Kinsley, Kansas 67547</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>29</b> in. Completion date _____ Well depth <b>35</b> ft. <b>9-19-77</b>		
		<p>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</p> <p>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</p>		9. Casing: Material <b>steel</b> Height: Above or below _____ Threaded _____ Welded _____ Surface <b>18</b> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>16</b> in. to <b>35</b> ft. depth; Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth; gage No. <b>7</b>		
				10. Screen: Manufacturer's name _____ <b>X Doerrs</b> Type <b>steel</b> Dia. <b>16</b> Slot size <b>3/16</b> Length <b>8</b> Set between <b>27</b> ft. and <b>35</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>		
5. Type and color of material				From	To	11. Static water level: _____ mo./day/yr. <b>17</b> ft. below land surface Date <b>3-25-77</b>
<b>Top soil</b>				<b>0</b>	<b>1</b>	12. Pumping level below land surfaces: <b>30</b> ft. after <b>1</b> hrs. pumping <b>400</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
<b>Clay</b>				<b>1</b>	<b>3</b>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>3-25-77</b>
<b>Sand</b>				<b>3</b>	<b>6</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
<b>Gravel</b>				<b>6</b>	<b>32</b>	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
<b>Clay</b>				<b>32</b>	<b>40</b>	16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <b>HTH</b> Yes <input type="checkbox"/> No <input checked="" 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)						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>Rosencrantz-Bemis</b> <b>134</b> Business name License No. Address <b>Great Bend, Kansas 67530</b> Signed <b>Gandy K. Love</b> Date <b>12-1-77</b> Authorized representative
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 24 S R 18 E S 5 NE SW NE  
 Sec 1/4 1/4 1/4 1/4

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

Form WWC-5