

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: <u>B-4</u>	County <u>Edwards</u>	Fraction <u>SW 1/4 NW 1/4 SW 1/4</u>	Section number <u>8</u>	Township number T <u>24</u> S R <u>18</u> E/W	Range number
2. Distance and direction from nearest town or city: <u>3W 3N 1/2 W Lewis</u>			3. Owner of well: <u>O. B. Adams</u> R.R. or street: <u>West Highway 50</u> City, state, zip code: <u>Garden City, Ks. 67846</u>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <u>B-4</u>		6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>37</u> ft. <u>10-11-77</u>	
5. Type and color of material		From		To	
		<u>Top soil</u>		<u>0 2</u>	
		<u>Clay</u>		<u>2 4</u>	
		<u>Sand &amp; Gravel</u>		<u>4 27</u>	
<u>Brown clay</u>		<u>27 30</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	
				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	
				9. Casing: Material <u>Steel</u> Height: Above or <u>below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>1 1/2</u> in. to <u>32</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>	
				10. Screen: Manufacturer's name _____ <u>Doerr</u> Type <u>Steel</u> Dia. _____ Slot/gauge <u>3/16</u> Length <u>20</u> Set between <u>17</u> ft. and <u>37</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 to 3/8</u>	
				11. Static water level: _____ mo./day/yr. <u>8</u> ft. below land surface Date <u>2-3-77</u>	
				12. Pumping level below land surfaces: <u>18</u> ft. after <u>1</u> hrs. pumping <u>300</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>2-3-77</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>Basement-Bemis</u> <u>134</u> Business name _____ License No. _____ Address <u>West Blvd, Ks. 67830</u> Signed <u>Janet Kellogg</u> Date <u>10-11-77</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 24  
 R 18  
 W E  
 S  
 Sec 1/4 1/4 1/4 1/4  
 SW NW SE W SW

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

Form WWC-5