

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: <i>E</i>	County <i>Adair</i>	Fraction <i>CW 1/4 NE 1/4 NE 1/4</i>	Section number <i>8</i>	Township number <i>T 24 S</i>	Range number <i>R 18 E/W</i>
2. Distance and direction from nearest town or city: <i>4 W - 2 N - 4 W - South into field from Lewis, Ks.</i>			3. Owner of well: <i>O. B. Adams</i> R.R. or street: <i>West Highway 50</i> City, state, zip code: <i>Garden City, Ks. 67846</i>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: <i>E-1</i>		
5. Type and color of material			From	To	6. Bore hole dia. <i>2 1/2</i> in. Completion date <i>7-18-77</i> Well depth <i>35</i> ft.
<i>Top soil</i>			<i>0</i>	<i>4</i>	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
<i>Sand &amp; gravel clean-course-loose</i>			<i>4</i>	<i>23 1/2</i>	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
<i>Brown clay</i>			<i>23 1/2</i>	<i>40</i>	9. Casing: Material <i>Steel</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>2 1/2</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <i>1 1/2</i> in. to <i>35</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>7</i>
					10. Screen: Manufacturer's name <i>Doerr's</i> Type <i>Steel</i> Dia. _____ Slot/_____ <i>3/16</i> Length <i>20</i> Set between <i>15</i> ft. and <i>35</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>12-24 #</i>
					11. Static water level: _____ mo./day/yr. <i>8</i> ft. below land surface Date <i>6-28-77</i>
					12. Pumping level below land surfaces: <i>20</i> ft. after <i>1</i> hrs. pumping <i>300</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>350</i> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>6-28-77</i>
					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 <i>0</i> ft. to <i>10</i> ft.
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <i>HHH</i> 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
			(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. <i>Rosenkrantz-Bemis 134</i> Business name License No. Address <i>Great Bend, Ks. 67530</i> Signed <i>Smudyl</i> Date <i>10-11-77</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 24  
 R 18 E/W  
 Sec 8  
 1/4 1/4 1/4 1/4  
 C W E N E

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

Form WWC-5