

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 820-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: <i>B-2</i>	County <i>Edwards</i>	Fraction <i>1/4 CE 1/4 SW 1/4</i>	Section number <i>8</i>	Township number T <i>24</i> S R <i>18</i> E/W	Range number
2. Distance and direction from nearest town or city: <i>3 W, 3 N, 1/2 W, Lewis</i>			3. Owner of well: <i>O.B. Adams</i> R.R. or street: <i>West Highway 50</i> City, state, zip code: <i>Abden, City, Mo. 67846</i>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <i>B-2</i>		6. Bore hole dia. <i>27</i> in. Completion date Well depth <i>38</i> ft. <i>3-31-77</i>	
5. Type and color of material		From		To	
		<i>Top soil</i>		<i>0 2</i>	
		<i>Clay</i>		<i>2 4</i>	
		<i>Sand & gravel</i>		<i>4 26</i>	
		<i>Brown clay</i>		<i>26 30</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	
				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 <i>steel</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>24</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <i>1 1/2</i> in. to <i>38</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>7</i>	
				10. Screen: Manufacturer's name _____ Type <i>Steel</i> Dia. <i>1 1/2</i> Slot/_____ Length <i>20</i> Set between <i>18</i> ft. and <i>38</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/4 to 1/2</i>	
				11. Static water level: _____ mo./day/yr. <i>7</i> ft. below land surface Date <i>2-3-77</i>	
				12. Pumping level below land surfaces: <i>21</i> ft. after <i>1</i> hrs. pumping <i>500</i> 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 <i>2-3-77</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>HTH</i> 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. <i>Rosenkrantz Bemis 134</i> Business name _____ License No. _____ Address <i>West Bend, Mo. 67830</i> Signed <i>Judy K. Shaw</i> Date <i>2-11-77</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 S 8 C E S W 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