

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 N 1/4 NE 1/4</u>	Section number: <u>28</u>	Township number: <u>T 24 S R 18 E/W</u>	Range number: <u>18</u>
2. Distance and direction from nearest town or city: <u>4 W - 2 N - 1/4 W - South into field from Lewis, Mo.</u>			3. Owner of well: <u>O. B. Adams</u> R.R. or street: <u>West Highway 450</u> City, state, zip code: <u>Garden City, Mo. 67846</u>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: <u>E-2</u>			6. Bore hole dia. <u>2 1/2</u> in. Completion dgte <u>4-5-77</u> Well depth <u>36</u> ft.		
5. Type and color of material			7. <input checked="" 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		
From To			9. Casing: Material <u>Steel</u> Height: Above or below 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>2 1/2</u> in. to <u>36</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>		
			10. Screen: Manufacturer's name <u>Doerr's</u> Type <u>Steel</u> Dia. _____ Slot/_____ <u>3/16</u> Length <u>20</u> Set between <u>16</u> ft. and <u>36</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 3/8</u>		
Sandy top soil			11. Static water level: _____ mo./day/yr. <u>8</u> ft. below land surface Date <u>3-30-77</u>		
Sand & gravel clean-coarse-loose			12. Pumping level below land surfaces: <u>23</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>weak</u> g.p.m.		
Brown clay			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>3-30-77</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>Yes</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:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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>Rosenminte-Bemis 134</u> Business name License No. _____ Address <u>Great Bend, Mo. 67030</u> Signed <u>Andy Lopez 10-11-77</u> Date Authorized representative			

T 24 S R 18 E
Sec 28
C 1/4 N 1/4 NE 1/4

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

Form WWC-5