

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: C-3 | | County Edwards | Fraction N 1/2 C 1/4 SE 1/4 | Section number 8 | Township number T 24 S | Range number R 18 E/W |
| 2. Distance and direction from nearest town or city: 3W-3N-1/2 W - South into field Street address of well location if in city: From Lewis, Ks. | | | 3. Owner of well: O. B. Adams R.R. or street: West Highway 30 City, state, zip code: Marion City, Ks. 67846 | | | |
| 4. Locate with "X" in section below: N W E S 1 Mile 1 Mile C-3 | | | 6. Bore hole dia. 2 1/2 in. Completion date _____ Well depth 45 ft. 4-18-77 | | | |
| 5. Type and color of material | | | From | To | 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 | |
| Sandy top soil | | | 0 | 3 | 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 | |
| Sand & gravel clean loose conc | | | 3 | 23 | 9. Casing: Material steel Height: Above or below _____ Threaded _____ Welded _____ Surface 24 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 4 1/2 in. to 4 1/2 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. 7 | |
| Brown clay | | | 23 | 30 | 10. Screen: Manufacturer's name _____ Duro Type steel Dia. _____ Slot/Length 3/16 Length 20 Set between 25 ft. and 45 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 to 3/8 | |
| | | | | | 11. Static water level: _____ mo./day/yr. 10 ft. below land surface Date 3-28-77 | |
| | | | | | 12. Pumping level below land surfaces: 21 ft. after 1 hrs. pumping 600 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 3-28-77 | |
| | | | | | 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 0 ft. to 10 ft. | |
| | | | | | 16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? N/A Yes _____ 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | 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. Rosencrantz Bemis 134 Business name _____ License No. _____ Address Great Bend, Ks. 67530 Signed Nancy K. Gore Date 10-11-77 Authorized representative | | |

T 24 S R 18 E W Sec 8 C 21/2

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

Form WWC-5