

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 <b>Edwards</b>	Fraction <b>ne 1/4 ne 1/4 nw 1/4</b>	Section number <b>11</b>	Township number <b>T 24</b>	Range number <b>S R 18w E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
<b>3n 1/2w</b> <b>Lewis, Ks.</b>			<b>Big Springs Drlg Inc.</b> <b>Box 694</b> <b>Great Bend, Ks. 67530</b>			
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>62</u> ft. <u>5-16-78</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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other			
			9. Casing: Material _____ Height: Above <del>ground</del> <u>surface</u> Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.8</u> lbs./ft. Dia. <u>5</u> in. to <u>62</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>sch 40</u>			
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ <b>Jetstream</b>	
Top Soil-Clay			0	25	Type <u>pvc</u> Dia. <u>5"</u> Slot/gauze <u>1-32"</u> Length <u>20"</u> Set between <u>42</u> ft. and <u>62</u> ft. _____ ft. and _____ ft.	
Sandy Clay			25	36	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/4"</u>	
Sand-Gravel			36	62	11. Static water level: _____ mo./day/yr. <u>21</u> ft. below land surface Date <u>5-16-78</u>	
					12. Pumping level below land surfaces: <u>21</u> ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>75</u> g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
					16. Nearest source of possible contamination: <u>oil</u> ft. <u>60</u> Direction <u>se</u> Type <u>test</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" 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. <b>Kellys Waterwell Ser 186</b> Business name _____ License No. _____ Address <b>R2 Great Bend, Ks.</b> Signed <u>Kelly Price</u> Date <u>10-4-79</u> Authorized representative				

T 24 R 18w S R 11 NE 1/4 NW 1/4

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

Form WWC-5