

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>CNE</u> 1/4 1/4 1/4	Section number <u>17</u>	Township number <u>T 24 S</u>	Range number <u>R 18 E/W</u>
2. Distance and direction from nearest town or city: <u>3 1/2 W 1 1/2 N of Lewis</u> Street address of well location if in city:			3. Owner of well: <u>Dwight Sientz</u> R.R. or street: City, state, zip code: <u>Lewis Ks</u>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>5-19-76</u> Well depth <u>90</u> ft.	
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	
				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	
Sandy Top Soil 0 3 Brown Sandy Clay 3 11 Light Gray & White Sandy Clay 11 20 Fine Sand & Gravel 20 23 Sand & Gravel clean coarse loose 23 80 Brown Clay 80 82 Sand & Gravel clean Coarse loose 82 93 Gray Clay & Fine Sand 93 105 Blue Gray Sandy Clay 105 120 Blue Sand & clay 120 125 Blue clay 125 135 Fire clay 135				9. Casing: Material <u>steel</u> Height: <u>Above or below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>1 1/2</u> in. to <u>90</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>7</u>	
				10. Screen: Manufacturer's name <u>DOEMRS</u> Type <u>Steel</u> Dia. <u>1 1/2</u> <u>Clay</u> gauge <u>3-16</u> Length <u>40</u> Set between <u>50</u> ft. and <u>90</u> ft. <u>ft.</u> and <u>ft.</u> Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>	
(Use a second sheet if needed)				11. Static water level: <u>24</u> ft. below land surface Date <u>2-2-76</u> mo./day/yr.	
				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <u>NA</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <u>NA</u> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks:		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ mo./day/yr.	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
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>Rosenkrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Ks.</u> Signed <u>India Radson</u> Date <u>9/29-76</u> Authorized representative				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>NW</u> Type <u>Corral</u> Well disinfected upon completion? <input type="checkbox"/> 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	
				18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	

T 24 S
 R 18 E/W
 Sec 17 CNE
 1/4 1/4 1/4

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

Form WWC-5