

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

White #1-23

X Location of well: <u>County</u> <b>Edwards</b>		Fraction <b>Center SW 1/4 SE 1/4</b>		Section number <b>23</b>		Township number <b>T 24 - S</b>		Range number <b>R 18</b>		E/W
X Distance and direction from nearest town or city: <b>5 miles due N</b>		Owner of well: <b>Starting Shelling Co.</b>		R.R. or street:		City, state, zip code: <b>Shelling, Kansas</b>				
Street address of well location if in city: <b>1/2 W. Lewis</b>										
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <u>8</u> in. Completion date <u>4-25-78</u> Well depth <u>60</u> ft.						
				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						
5. Type and color of material				9. Casing: Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2872</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches Dia. <u>  </u> in. to <u>  </u> ft. depth gage No. <u>300</u>						
				10. Screen: Manufacturer's name <u>Shop made</u> Type <u>Scribe</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>40</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 - 1/4</u>						
				11. Static water level: <u>18</u> ft. below land surface Date <u>4-25-78</u>						
				12. Pumping level below land surfaces: <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. Estimated maximum yield <u>200</u> g.p.m.						
				13. Water sample submitted: <u>  </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>  </u>						
				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>20</u> ft.						
				16. Nearest source of possible contamination: ft. <u>  </u> Direction <u>  </u> Type <u>  </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No						
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>  </u> Model number <u>  </u> HP <u>  </u> Volts <u>  </u> Length of drop pipe <u>  </u> ft. capacity <u>  </u> 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. <u>Thomas Charles White</u> Business name <u>  </u> License No. <u>143</u> Address <u>  </u> Signed <u>Thomas Charles White</u> Date <u>4-25-78</u> Authorized representative						
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley										

T 24 R 18 S 23 Sec 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