

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

<input checked="" type="checkbox"/> Location of well:	County <b>Edwards</b>	Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>25</b>	Township number <b>T 24 S</b>	Range number <b>R 18 E/W</b>
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: <b>1/2 East Kansely North Side of rd.</b> Street address of well location if in city:			3. Owner of well: <b>Al Frane</b> R.R. or street: City, state, zip code: <b>Kinsley, Ks.</b>		
4. Locate with "X" in section below: <div style="text-align: center;"> </div>		Sketch map: 6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>23</u> ft. <u>4-8-77</u> 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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other 9. Casing: Material <u>pvc</u> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. RMP <u>DE</u> PVC _____ Weight _____ lbs./ft. Dia. <u>5 1/2</u> in. to <u>23</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. <u>211 258</u>			
5. Type and color of material		From	To		
Top Soil		0	3		
Brown Clay		3	7		
Sand & Gravel		7	21		
Brown Clay		21	25		
				10. Screen: Manufacturer's name <u>Certain-Teen</u> Type <u>pvc</u> Dio. <u>5 1/2</u> Slot/gauge <u>1/16</u> Length <u>6</u> Set between <u>17</u> ft. and <u>23</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 1/2 3/8</u>	
				11. Static water level: _____ mo./day/yr. <u>10</u> ft. below land surface Date <u>4-8-77</u>	
				12. Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ 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 <u>4-8-77</u>	
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
				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>50</u> Direction <u>SE</u> Type <u>old well</u> Well disinfected upon completion? <input checked="" 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	
(Use a second sheet if needed)					
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <i>old well was pulled &amp; plugged with gravel pack &amp; well cuttings.</i>			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>Rosencrantz-Bemis 134</b> Business name _____ License No. _____ Address <u>Great Bend, Ks.</u> Signed <u>Judy Kellogg</u> Date <u>10/28</u> Authorized representative	

T 24 S  
 R 18 E/W  
 Sec 25  
 SE 1/4 SE 1/4 SE 1/4

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

Form WWC-5