

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 <i>Edwards</i>	Fraction <i>NE 1/4 SW 1/4 SE 1/4</i>	Section number <i>26</i>	Township number T <i>24</i> S R <i>18 W</i> E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <i>Larry Davidson</i> R.R. or street: City, state, zip code: <i>Kinsley, Ks</i>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>10</i> in. Completion date _____ Well depth <i>80</i> ft. <i>30 APR 78</i>		
				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		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input 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		
Soil		0	2	9. Casing: Material _____ Height: <i>above</i> or below Threaded _____ Welded _____ Surface <i>12</i> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <i>5</i> in. to <i>60</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>258</i>		
Clay, tan		2	12	10. Screen: Manufacturer's name _____ Type <i>sew slot</i> Dia. <i>5"</i> Slot/gauze <i>1/8</i> Length <i>20'</i> Set between <i>60</i> ft. and <i>80</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/4 X 1/4</i>		
Clay, green		12	26	11. Static water level: _____ mo./day/yr. <i>29</i> ft. below land surface Date <i>30 APR 78</i>		
Sand, fine to coarse with clay streaks		26	48	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>50</i> _____ g.p.m.		
Sand, fine to coarse and med. gravel some silt		48	60	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sand, coarse and gravel, loose		60	85	14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> inches above grade		
Clay, tan and green		85	105	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type <i>none</i> 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		
				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. <i>Central Well & Pump Svc.</i> <i>325</i> Business name License No. Address <i>121 S. Taylor Pratt, Ks.</i> Signed <i>[Signature]</i> Date <i>29 July 78</i> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<i>4'x4'x4" slab poured at surface</i>				

T 24
 R 18
 W 26
 Sec 26
 NE 1/4
 SW 1/4
 SE 1/4

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

Form WWC-5