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	Fraction	Section number	Township number	Range number
	Edwards	se 1/4 ne 1/4 nw 1/4	29	T 24 S	R 18 E (W)

2. Distance and direction from nearest town or city:
3-W 1-N ½-W from Lewis, Ks. South side rd.
Street address of well location if in city:

3. Owner of well: Doug Mclean
R.R. or street: none
City, state, zip code: Lewis, Kansas 67552

4. Locate with "X" in section below: Sketch map:

N
NW X | NE
W | E
SW | SE
S
1 Mile
1 Mile

6. Bore hole dia. 8 3/4 in. Completion date _____
Well depth 70 ft. 11-8-78

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material ~~pvc~~ Height: Above or ~~below~~
Threaded ____ Welded ____ Surface 18 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 5 1/2 in. to 70 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .258

5. Type and color of material	From	To
sandy top soil	0	2
gray clay	2	19
fine sand & clay	19	23
fine sand & gravel	23	30
good sand & gravel	30	71
clay	71	75

(Use a second sheet if needed)

10. Screen: Manufacturer's name CertainTeed
Type pvc Dia. ____
Slot/~~xxx~~ 1/16 Length 20
Set between 70 ft. and 50 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 3/4 3/8

11. Static water level: mo./day/yr.
32 ft. below land surface Date 11-8-78

12. Pumping level below land surfaces: na
____ 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.
X Yes ____ No Date 11-8-78

14. Well head completion:
____ Pitless adapter ____ Inches above grade

15. Well grouted? X
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 20 ft.

16. Nearest source of possible contamination:
ft. 600 Direction north Type irrg. well
Well disinfected upon completion? hth Yes ____ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
____ Submersible ____ Turbine
____ Jet ____ Reciprocating
____ Centrifugal ____ Other

18. Elevation:
Topography:
____ Hill
____ Slope
____ Upland
X Valley

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.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Kansas 67530
Signed Sandy Kilgore Date 12-15-78
Authorized representative

T 24 R 18 (W) Sec 29 1/4 SE 1/4 NW 1/4

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

Form WWC-5

MI-1023