

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 <b>Edwards</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>30</b>	Township number <b>T 24 S R 18 E</b>	Range number <b>18</b>
2. Distance and direction from nearest town or city: <b>4 W of Lewis North side of Rd.</b> Street address of well location if in city:				3. Owner of well: <b>Merrill Mewson Newsom</b> R.R. or street: City, state, zip code: <b>Lewis, Ks.</b>		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>9 7/8</b> in. Completion date _____ Well depth <b>50</b> ft. <b>1-19-77</b>	
					7. <input checked="" type="checkbox"/> Cable tool 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 type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Sandy Top Soil		0	2	9. Casing: Material <b>PVC</b> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>160</b> lbs./ft. Dia. <b>4</b> in. to <b>50</b> ft. depth; Wall Thickness: inches _____ Dia. _____ in. to _____ ft. depth; gage No. <b>173</b>		
Fine Sand		2	6	10. Screen: Manufacturer's name _____ Type <b>R/B</b> Dia. <b>4</b> Slot/gauge <b>1/16</b> Length <b>20</b> Set between <b>30</b> ft. and <b>50</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>		
Clay Brown		6	18	11. Static water level: _____ mo./day/yr. <b>22</b> ft. below land surface Date <b>1-19-77</b>		
Sand & Gravel		18	19	12. Pumping level below land surfaces: <b>NA</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Clay Brown		19	22	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>1-19-77</b>		
Sand & Gravel		22	50	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18"</b> Inches above grade		
				15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>1500</b> Direction <b>West</b> Type <b>Septic</b> 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:	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. <b>Rosencrantz-Bemis 134</b> Business name _____ License No. _____ Address <b>Great Bend, Ks.</b> Signed <b>India Ardson</b> Date <b>1-20</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

24  
 18  
 30  
 SW 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