

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>27</b>	Township number <b>T 25 S R 16</b>	Range number <b>16</b>
2. Distance and direction from nearest town or city: <b>2 miles northeast of Trousdale, KS.</b> Street address of well location if in city:			3. Owner of well: <b>Rex Cudney</b> R.R. or street: <b>Route 1</b> City, state, zip code; <b>Belpre, KS 67519</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>1/18/78</u> Well depth <u>75</u> ft.
Top Soil			0	3	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary
Brown and Gray Clay			3	18	8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other
Sand and Gravel			18	27	9. Casing: Material <u>Styrene</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.5</u> lbs./ft. Dia. <u>5</u> in. to <u>65</u> ft. depth; Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth; gage No. <u>200#</u>
Yellow Clay			27	37	10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>Styrene 200</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>10'</u> Set between <u>65</u> ft. and <u>75</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u>
Sand and Gravel			37	50	11. Static water level: <u>20' 6"</u> ft. below land surface Date <u>1/18/78</u> mo./day/yr.
Yellow Clay			50	57	12. Pumping level below land surfaces: <u>NC</u> <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>   </u> g.p.m.
Sand and Gravel			57	75	13. Water sample submitted: <u>   </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>   </u>
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
					15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: <u>FIELD</u> ft. <u>   </u> Direction <u>   </u> Type <u>   </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 <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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <b>Clarke Well &amp; Equip., Inc. 185</b> Business name <u>Great Bend KS 67530</u> No. Address <u>   </u> Signed <u><i>C.W. Clarke</i></u> Date <u>1/20/78</u> Authorized representative		

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

Form WWC-5