

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>nw 1/4 nw 1/4 SW 1/4</b>	Section number <b>31</b>	Township number <b>T 25 S R 16 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>8S-2W-1/2N of Belpre, Ks.</b> Street address of well location if in city:				3. Owner of well: <b>Pickrell Drilling Co.</b> R.R. or street: <b>110 North Market -Litwin Bldg</b> City, state, zip code: <b>Wichita, Ks.</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>12/29/75</u> Well depth <u>70</u> ft.		
				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		
				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		
5. Type and color of material				From	To	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>4</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth gage No. <u>237</u>
Top soil				0	2	
Gray clay				2	8	
Sand & gravel				8	12	
Brown clay				12	28	
Sand & gravel				28	70	
Brown clay				70		
						10. Screen: Manufacturer's name <u>R &amp; B</u> Type <u>pyc</u> Dia. <u>4</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>50</u> ft. and <u>70</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/4</u> 3/8
						11. Static water level: <u>12</u> ft. below land surface Date <u>12/29/75</u> mo./day/yr.
						12. Pumping level below land surfaces: <u>16</u> ft. after <u>3/4</u> hrs. pumping <u>100</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.
						13. Water sample submitted: <u>   </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>   </u>
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade
						<input checked="" type="checkbox"/> Well grouted? <u>   </u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>   </u> ft. to <u>   </u> ft.
						16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>SE</u> Type <u>oil well</u> Well disinfected upon completion? <input 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:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<i>Pulled &amp; plugged w/ sand &amp; gravel</i>		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>Box 713- Great Bend,</b> Signed <i>India Radson</i> Date <u>12/31/75</u> Authorized representative		

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

Form WWC-5