

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>NW 1/4 SE 1/4 NW 1/4</i>	Section number <i>32</i>	Township number T <i>25</i> S R <i>16</i> <i>W</i>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <i>85 1W 1/2 S. of Belpre, Ks.</i>			3. Owner of well: R.R. or street: City, state, zip code: <i>BET Drilling Box 846 Independence, Ks. 67301</i>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>11</i> in. Completion date: Well depth <i>80</i> ft. <i>2-28-78</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		
				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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material		From	To	9. Casing: Material <i>PVC</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <i>4 1/2</i> in. to <i>80</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>237</i>		
<i>Top soil</i>		<i>0</i>	<i>3</i>	10. Screen: Manufacturer's name <i>CertainTeed</i>		
<i>Clay</i>		<i>3</i>	<i>18</i>	Type <i>PVC</i> Dia. <i>4 1/2</i> Slot/gauge <i>1/16</i> Length <i>20</i> Set between <i>80</i> ft. and <i>60</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/2 3/4 1"</i>		
<i>Sand</i>		<i>18</i>	<i>21</i>	11. Static water level: _____ mo./day/yr. <i>16</i> ft. below land surface Date <i>2-28-78</i>		
<i>Clay</i>		<i>21</i>	<i>29</i>	12. Pumping level below land surfaces: <i>20</i> ft. after <i>1</i> hrs. pumping <i>100</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>250</i> g.p.m.		
<i>Good clean sand & gravel</i>		<i>29</i>	<i>72</i>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
<i>Clay</i>		<i>72</i>	<i>80</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
				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. <i>95</i> Direction <i>NE</i> Type <i>oil well</i> Well disinfected upon completion? <i>NA</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
				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>Ronald Anthony Bemis 134</i> Business name _____ License No. _____ Address <i>Great Bend, Ks. 67530</i> Signed <i>Ronald Bemis</i> Date <i>2-28-78</i> Authorized representative		
18. Elevation:		(Use a second sheet if needed)				
19. Remarks:						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 25
 R 16 W
 Sec 32
 NW 1/4 SE 1/4 NW

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

Form WWC-5