

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 <u>Edwards</u>		Fraction <u>C 1/4 SW 1/4 NW 1/4</u>		Section number <u>33</u>	Township number <u>25 S</u>	Range number <u>16 W</u>
2. Distance and direction from nearest town or city: <u>Bellevue KS SOUTH 1/2 W 1/2 E</u>				3. Owner of well: <u>Xplore Drilling CO.</u>		
Street address of well location if in city: _____				R.R. or street: _____		
City, state, zip code: <u>Pratt KS</u>				_____		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <u>9</u> in. Completion date <u>7-8-78</u>		
				Well depth <u>60</u> ft.		
				7. <input checked="" 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		
5. Type and color of material				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		
				9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>278-3</u> lbs./ft. Dia. <u>5</u> in. to <u>20</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>200</u>		
		From	To	10. Screen: Manufacturer's name <u>Toubran</u>		
				Shop made		
				Type <u>Saw</u> Dia. <u>5</u>		
				Slot/gauze <u>1/8</u> Length <u>20</u>		
				Set between <u>60</u> ft. and <u>40</u> ft.		
				_____ ft. and _____ ft.		
				Gravel pack? _____ Size range of material <u>44-78</u>		
				11. Static water level: _____ mo./day/yr.		
				<u>16</u> ft. below land surface Date <u>7-8-78</u>		
				12. Pumping level below land surfaces:		
				_____ 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.		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion:		
				<input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/>		
				With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
				Depth: From <u>0</u> ft. to <u>40</u> ft.		
				16. Nearest source of possible contamination:		
				ft. _____ Direction _____ Type _____		
				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		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill				<u>Miss Water well 143</u>		
<input checked="" type="checkbox"/> Slope				Business name _____ License No. _____		
<input type="checkbox"/> Upland				Address <u>605 Bend KS</u>		
<input type="checkbox"/> Valley				Signed <u>Thad Rowland</u> Date <u>7-8-78</u>		
				Authorized representative		

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

Form WWC-5