

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>1/4 c 1/4 ne 1/4</b>	Section number <b>20</b>	Township number <b>T 25 S R 17</b>	Range number <b>17 <del>10</del></b>
2. Distance and direction from nearest town or city: <b>1-N 1/2-W 2 1/4 N of FELLSBURG, KS.</b> Street address of well location if in city:			3. Owner of well: <b>Doug McLean</b> R.R. or street: <b>Lewis, Ks. 67552</b> City, state, zip code:		
4. Locate with "X" in section below: <div style="text-align: center;"> </div>			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <b>29</b> in. Completion date <b>11-11-75</b> Well depth <b>103</b> .
Sandy top soil			0	3	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
Gray clay			3	5	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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
Sandy brown clay and fine sand			5	21	9. Casing: Material <b>steel</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>16</b> in. to <b>103</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>7</b>
Sand and gravel clean coarse loose			21	40	10. Screen: Manufacturer's name <b>Doerrs</b> Type <b>steel</b> Dia. <b>16</b> Slot/gauge <b>3/16</b> Length <b>40</b> Set between <b>63</b> ft. and <b>103</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4-3/8-1/2</b>
Sand and gravel little clay			40	42	11. Static water level: _____ mo./day/yr. <b>21</b> ft. below land surface Date <b>8-12-75</b>
Sand and gravel clean coarse loose			42	102	12. Pumping level below land surfaces: _____ ft. after <b>1</b> hrs. pumping <b>800</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1400</b> g.p.m.
Sand and gravel w/ clay & rock			102	105	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>8-12-75</b>
Hard white rock			105	106	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
Sand and gravel			106	109	15. Well grouted? <input checked="" type="checkbox"/> 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.
Hard cemented sand			109		16. Nearest source of possible contamination: ft. <b>4 mi</b> Direction <b>NW</b> Type <b>gas well</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
(Use a second sheet if needed)					17. Pump: _____ Not installed Manufacturer's name <b>W.L.R.</b> Model number <b>4-12bhp</b> <b>60</b> Volts _____ Length of drop pipe <b>70</b> ft. capacity <b>800</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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: 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. 67530</b> Signed <b>S. L. Moore</b> Date <b>6-19-74</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 25 S R 17  
 Sec 20  
 1/4 NE

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

Form WWC-5