

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>NE 1/4 SW 1/4 NE 1/4</b> Section number <b>21</b> Township number <b>T 25 S R 17</b> Range number <b>17</b> <span style="float:right">(W)</span>	
2. Distance and direction from nearest town or city: <b>3 E 5 S Lewis Kansas</b>	
3. Owner of well: <b>George Smith</b> R.R. or street: <b>Lewis Kansas</b> City, state, zip code: <b>Lewis Kansas</b>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
<b>Top Soil</b>	<b>0 2</b>
<b>Sandy Clay</b>	<b>2 12</b>
<b>Bl. Clay Hard pan</b>	<b>12 18</b>
<b>Gravel Five To 3/4</b>	<b>18 60</b>
(Use a second sheet if needed)	
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	
6. Bore hole dia. <b>8 3/4</b> in. Completion date <b>1-27-77</b> Well depth <b>60</b> 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 type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <b>PI</b> Height: Above or below Threading <b>WT</b> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>60</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>	
10. Screens: Manufacturer's name <b>Sunflower Plastics</b> Type <b>RMP</b> Dia. <b>5'</b> Slot/gauze <b>1/8</b> Length <b>20</b> Set between <b>40</b> ft. and <b>60</b> ft. Set between _____ ft. and _____ ft. Grovel pack? <b>NO</b> Size range of material _____	
11. Static water level: _____ mo./day/yr. <b>21</b> ft. below land surface Date <b>1-27-77</b>	
12. Pumping level below land surfaces: <b>21</b> ft. after <b>1</b> hrs. pumping <b>3</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> 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 <b>12</b> 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 <b>0</b> ft. to <b>10</b> ft.	
16. Nearest source of possible contamination: ft. <b>21</b> Direction <b>Stock</b> Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Pump: <b>6' Windmill</b> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe <b>42</b> ft. capacity <b>3</b> 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. <b>CARL HAYSE WATER WELL SERV. 224</b> Business name License No. _____ Address <b>603 S. Maple, Greensburg, Ks.</b> Signed <b>Carl Hayse</b> Date <b>1-27-77</b> Authorized representative	

T 25 S R 17 NE 1/4 SW 1/4

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

Form WWC-5