

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>sw 1/4 ne 1/4 se 1/4</b>	Section number <b>21</b>	Township number T <b>25</b> S R	Range number <b>17</b> <span style="float:right">E/W <b>(W)</b></span>
2. Distance and direction from nearest town or city: <b>1-N 1/2-W 2 1/4-N west side from Fellsburg, KS.</b> Street address of well location if in city:			3. Owner of well: <b>George Smith</b> R.R. or street: <b>none</b> City, state, zip code: <b>Lewis, Kansas 76331 67552</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>80</u> ft. <u>6-4-79</u>		
		<p>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</p> <p>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</p> <p>9. Casing: Material <b>PVC</b> Height: Above or <del>xxx</del> _____ Threaded _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>1 1/2</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.237</u></p>				
				10. Screen: Manufacturer's name <u>CertainTeed</u> Type <u>pvc</u> Dia. _____ Slot <del>xxx</del> <u>1/16</u> Length <u>20</u> Set between <u>80</u> ft. and <u>60</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>		
5. Type and color of material				From	To	11. Static water level: _____ mo./day/yr. <u>16 1/2</u> ft. below land surface Date <u>6-4-79</u>
<b>sandy top soil</b>				0	2	12. Pumping level below land surfaces: <b>na</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
<b>fine sand</b>				2	13	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>6-4-79</u>
<b>clay</b>				13	20	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
<b>sand &amp; gravel</b>				20	80	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
(Use a second sheet if needed)				16. Nearest source of possible contamination: ft. <u>101</u> Direction <u>se</u> Type <u>windmill</u> 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Rosencrantz-Bemis</b> <u>134</u> Business name License No. Address <b>Great Bend, Ks. 67530</b> Signed <u>Sandy Wilgoor</u> Date <u>6-15-79</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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1/4  
SW NE SE

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

Form WWC-5