

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>1/4 CS 1/4 SW 1/4</u>	Section number <u>27</u>	Township number <u>T 25 S R 17 E/W</u>	Range number
2. Distance and direction from nearest town or city: <u>From Belpre, Ks. 7 mi S, 5 mi W.</u> Street address of well location if in city: <u>North into field.</u>				3. Owner of well: <u>Kennith Keen</u> R.R. or street: <u>none</u> City, state, zip code: <u>Fellsburg, Kansas 67048</u>		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>142</u> ft. <u>8-24-77</u>		
				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 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		
5. Type and color of material				9. Casing: Material <u>steel</u> Height: Above or below _____ Threaded _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>142</u> ft. depth; Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth; gage No. <u>7</u>		
				10. Screen: Manufacturer's name _____ <u>Doerrs</u> Type <u>Steel</u> Dia. <u>16</u> Slot/gage <u>3/16</u> Length <u>40</u> Set between <u>102</u> ft. and <u>142</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>		
Top soil				11. Static water level: _____ mo./day/yr. <u>26</u> ft. below land surface Date <u>7-15-77</u>		
Brown sandy clay				12. Pumping level below land surfaces: <u>57</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1050</u> g.p.m.		
Sand				13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>7-15-77</u>		
Brwn clay				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
Sand & gravel				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.		
Brown clay				16. Nearest source of possible contamination: ft. <u>1/2</u> mi Direction <u>north</u> Type <u>septic</u> Well disinfected upon completion? <u>HTH</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sand & gravel				17. Pump: _____ Not installed Manufacturer's name <u>W.L.R.</u> Model number <u>4-12CM</u> HP <u>60</u> Volts _____ Length of drop pipe <u>100</u> ft. capacity <u>800</u> 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		
Yellow clay & hard rock						
(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		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. <u>Rosenkrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Kans.</u> <u>67530</u> Signed <u>Sandy Wilcox</u> Date <u>10/27/77</u> Authorized representative				

25
 17
 W
 22
 CS 1/2 SW
 1/4
 1/4
 1/4

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

Form WWC-5