

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

Smith #1

| | | | | | |
|---|--------------------------|---|--|-----------------------------------|--|
| 1. Location of well: | County <i>Edwards</i> | Fraction <i>C SW NW</i> 1/4 1/4 1/4 | Section number <i>36</i> | Township number T <i>25S</i> S | Range number R <i>17W</i> E/W |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: | | | 3. Owner of well: R.R. or street: City, state, zip code: | | |
| 4. Locate with "X" in section below: N 1 Mile W E S 1 Mile | | | Sketch map: | | |
| 5. Type and color of material | | | From | To | 6. Bore hole dia. <i>8</i> in. Completion date <i>1-28-78</i> Well depth <i>60</i> ft. |
| <i>Clay</i> | | | <i>0</i> | <i>5</i> | 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 |
| <i>Sandy clay</i> | | | <i>5</i> | <i>19</i> | 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 |
| <i>Sand</i> | | | <i>19</i> | <i>35</i> | 9. Casing: Material <i>Plastic</i> Weight: <i>Above</i> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>287.8</i> lbs./ft. Dia. <i>5</i> in. to <i>60</i> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <i>200</i> |
| <i>Gravel</i> | | | <i>35</i> | <i>60</i> | 10. Screen: Manufacturer's name <i>Self made</i> Type <i>PVC</i> Dia. <i>5</i> Sig./gauze <i>5</i> Length <i>20</i> Set between <i>40</i> ft. and <i>60</i> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/4 - 1/2</i> |
| | | | | | 11. Static water level: <i>18</i> ft. below land surface Date <i>1-28-78</i> mo./day/yr. |
| | | | | | 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. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date ____ |
| | | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter ____ Inches above grade |
| | | | | | 15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft. |
| | | | | | 16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input 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 |
| | | | (Use a second sheet if needed) | | |
| 18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | 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. <i>Myers water well</i> Business name <i>Let Bend Ks 14-3</i> License No. ____ Address <i>1-28-78</i> Signed <i>A Myers</i> Date <i>1-28-78</i> Authorized representative | | |

T 25
 R 17
 W
 E
 S 36
 C S W W W
 1/4 1/4 1/4

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

Form WWC-5