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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 NE 1/4</b> Section number <b>36</b> Township number <b>T 25 S</b> Range number <b>R 17 W E/W</b>	
2. Distance and direction from nearest town or city: <b>2 1/2 W &amp; 1/4 N of Trousdale, Ks</b> 3. Owner of well: <b>E. D. Smith</b> Street address of well location if in city: <b>OF Trousdale, Ks</b> R.R. or street: City, state, zip code: <b>Wichita, 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> <p style="font-size: 2em;">X</p> <p style="font-size: 2em;">DRAINAGE</p> </div> </div>	
6. Bore hole dia. <b>30</b> in. Completion date <b>7 Aug 77</b> Well depth <b>137</b> ft.	
7. <input type="checkbox"/> Cable tool <input 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 checked="" 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	
9. Casing: Material <b>STL</b> Height: <b>Above</b> 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>27</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>188</b>	
5. Type and color of material	10. Screen: Manufacturer's name _____ <b>WA Brown</b> Type <b>Mesh</b> Dia. <b>16</b> Slot/gauze <b>1/8</b> Length _____ Set between <b>77</b> ft. and <b>137</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 X 1/2</b>
<b>Sand, fine</b>	11. Static water level: _____ mo./day/yr. <b>15</b> ft. below land surface Date <b>7 Aug 77</b>
<b>Clay, tan with sand</b>	12. Pumping level below land surfaces: <b>35</b> ft. after <b>1</b> hrs. pumping <b>800</b> g.p.m. <b>42</b> ft. after <b>1 1/2</b> hrs. pumping <b>1000</b> g.p.m. Estimated maximum yield <b>1800</b> g.p.m.
<b>Sand, fine to coarse and med. gravel</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<b>Clay, tan with sand</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
<b>Sand, fine to coarse and med. gravel</b>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
<b>Clay, tan, hard</b>	16. Nearest source of possible contamination: ft. _____ Direction _____ Type <b>NONE</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sand, fine to coarse and med. gravel</b>	17. Pump: _____ Not installed Manufacturer's name <b>Floway</b> Model number _____ HP <b>50</b> Volts <b>460</b> Length of drop pipe <b>80</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
(Use a second sheet if needed)	
18. Elevation: <b>2102'</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>3' X 3' X 8" slab at surface</b>
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>Central Well &amp; Pump 325</b> Business name License No. _____ Address <b>131 S. Taylor Pratt</b> Signed: <b>John Smith</b> Date <b>2 Aug 77</b> Authorized representative	

T 25 S  
 R 17 W  
 Sec 36  
 SW 1/4 NE 1/4

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

Form WWC-5