

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 Edwards	Fraction NW NE 1/4 SW 1/4 EE 1/4	Section number 13	Township number T 25 S R 18	Range number E/W
2. Distance and direction from nearest town or city: 1 E 3 1/2 S East side of Rd. from Lewis Street address of well location if in city:				3. Owner of well: Doug McClean R.R. or street: Lewis, Ks City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>80</u> ft. <u>11-30-76</u>		
				7. <input checked="" 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		
5. Type and color of material				From	To	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>4</u> in. <u>80</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>4</u>
Sandy Top Soil				0	2	10. Screen: Manufacturer's name <u>R/B</u> Type <u>PVC</u> Dia. <u>4</u> Slot/gauge <u>1/16</u> Length <u>20</u> Set between <u>60</u> ft. and <u>80</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>
Fine Sand				2	6	11. Static water level: _____ mo./day/yr. <u>31'</u> ft. below land surface Date <u>11-30-76</u>
Brown Clay				6	9	12. Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Greenish Gravy Clay				9	16	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>11-30-76</u>
Fine Sand				16	26	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
Sand & Gravel				26	47	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.
Sand & Gravel Clay Mix				47	50	16. Nearest source of possible contamination: ft. <u>h</u> Direction <u>WEST</u> Type <u>Carroll</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sand & Gravel				50	80	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)						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>Rosecrantz-Bemis 134 13</u> Business name _____ License No. _____ Address <u>Great Bend, Ks.</u> Signed <u>Fredia Dodson</u> Date <u>12/11</u> Authorized representative
18. Elevation:	19. Remarks:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5