

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 <i>Edwards</i> | Fraction <i>NW 1/4 NW 1/4 NW 1/4</i> | Section number <i>16</i> | Township number T <i>25</i> S R <i>19</i> E <i>(NW)</i> |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: <i>2.5 mi. W of Hensley, Mo.</i> | | | 3. Owner of well: R.R. or street: City, state, zip code: <i>Johnny Carson Rt 2 Lewistown, Mo. 67552</i> | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. <i>4</i> in. Completion date Well depth <i>40</i> ft. <i>4-21-76</i> | |
| | | | | 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 | |
| 5. Type and color of material | | From | To | 8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other | |
| <i>Top soil</i> | | <i>0</i> | <i>3</i> | 9. Casing: Material <i>PVC</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>78</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <i>4</i> in. to <i>40</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>237</i> | |
| <i>sand & gravel clean course</i> | | <i>3</i> | <i>40</i> | 10. Screen: Manufacturer's name <i>Corbin Tool</i> Type <i>PVC</i> Dia. _____ Slot/gauge <i>1/16</i> Length <i>10</i> Set between <i>30</i> ft. and <i>40</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>15 3/4 1/8</i> | |
| <i>Brown clay</i> | | <i>40</i> | <i>45</i> | 11. Static water level: _____ mo./day/yr. <i>8</i> ft. below land surface Date <i>4-21-76</i> | |
| | | | | 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>4-21-76</i> | |
| | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade | |
| | | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input 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. <i>300</i> Direction <i>West</i> Type <i>CONFIN</i> 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 | |
| | | | | 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>Rosencrantz-Bemis 134 X2</i> Business name License No. _____ Address <i>Great Bend, Ks. 67530</i> Signed <i>Sandy Kilgus</i> Date <i>6-19-79</i> Authorized representative | |
| 18. Elevation: <i>2185'</i> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | 19. Remarks: | | | |

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

Form WWC-5