

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 SE 1/4 NE 1/4</i>	Section number <i>23</i>	Township number T <i>29</i>	Range number S R <i>20</i> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <i>Norbert Harnung</i> R.R. or street: City, state, zip code: <i>Offerle, Ks.</i>			
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <i>8 7/8</i> in. Completion date Well depth <i>230</i> ft. <i>2-21-77</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			
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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			9. Casing: Material <i>PVC</i> Height: Above or <i>below</i> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <i>6</i> in. to <i>30</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>4</i>			
			10. Screen: Manufacturer's name <i>Peerless R/B</i> Type <i>PVC</i> Dia. <i>6</i> Slot/gauze <i>1/16</i> Length <i>15</i> Set between <i>15</i> ft. and <i>30</i> ft. ft. and _____ ft.			
Top Soil			Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>3/4 3/8</i>			
Black Clay			11. Static water level: _____ mo./day/yr. <i>10</i> ft. below land surface Date <i>2-21-77</i>			
Sand Gravel			12. Pumping level below land surfaces: <i>10</i> ft. after <i>2</i> hrs. pumping <i>40</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
Sand Rock Yellow Clay			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>2-21-77</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>250</i> Direction <i>North</i> Type <i>Corral Creek</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			
(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. <i>Rosecrantz-Bemis 134</i> Business name _____ License No. _____ Address <i>Great Bend, Ks. 67530</i> Signed <i>Fredia Norton</i> Date <i>3/9</i> Authorized representative				

25 200 23 NWSE NE
 R
 Sec
 1/4
 1/4
 1/4
 1/4

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

Form WWC-5