

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

X 1. Location of well:		County <b>Edwards</b>	Fraction <b>1/4 C 1/4 se 1/4</b>	X Section number <b>15</b>	X Township number <b>T 25 S R 20</b>	X Range number <b>EW</b>
X 2. Distance and direction from nearest town or city: <del>98-5-1/4 n of Kinsley, Ks.</del> Street address of well location if in city:				3. Owner of well: <b>Midwest Land &amp; Cattle col</b> R.R. or street: <b>Box 64</b> City, state, zip code: <b>Kinsley, Ks. 67547</b>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <i>1 1/2 - 5 2 3/4 - E North into field from Offerle, Ks.</i>			6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>136</u> ft. <u>3-6-75</u>	
5. Type and color of material		From	To	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		
					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 <u>steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>136</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. _____	
					10. Screen: Manufacturer's name _____ <b>Doerra</b> Type <u>steel</u> Dia. <u>16</u> Slot/gage <u>3/16</u> Length <u>90</u> Set between <u>46</u> ft. and <u>136</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-3/8-1/2</u>	
					11. Static water level: _____ mo./day/yr. <u>29</u> ft. below land surface Date <u>11-29-75</u>	
					12. Pumping level below land surfaces: <u>45</u> ft. after <u>1</u> hrs. pumping <u>700</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>900</u> g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>11-29-74</u>	
					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 <u>0</u> ft. to <u>10</u> ft.	
					16. Nearest source of possible contamination: fr. <u>1/8 mile</u> Direction <u>south</u> type <u>carroll</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: Nat installed _____ Manufacturer's name <u>Jacuzzi</u> Model number <u>4-12 1c HP 60</u> Volts _____ Length of drop pipe <u>80</u> ft. capacity <u>800</u> 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	
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. <b>Rosencrantz-Bemis 134</b> Business name _____ License No. _____ Address <b>Great Bend, Ks. 67530</b> Signed <i>S. Hilgore</i> Date <u>6-19-79</u> Authorized representative				

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

Form WWC-5