

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: <b>Sedgewick</b>                                                                                                                                                                                                                                                                                                                                                                                                |   | Fraction: <b>NW 1/4 SE 1/4 SW 1/4</b> |  | Section number: <b>11</b>                                                                                                                                                                                                                                                                                                                                                                                                              |      | Township number: <b>25</b> |          | Range number: <b>3</b>                                                                                                                                                                                                                                                                                                                                              |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------|---|---|------|---|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 2. Distance and direction from nearest town or city: <b>2 North of Mt Hope 2 East 3/4 50 1/4 East</b>                                                                                                                                                                                                                                                                                                                                |   |                                       |  | 3. Owner of well: <b>Bob Hill</b><br>R.R. or street: <b>R.R. 2</b><br>City, state, zip code: <b>Burrton, Kansas 67020</b>                                                                                                                                                                                                                                                                                                              |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| 4. Locate with "X" in section below: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="text-align: center; margin-right: 20px;"> </div> <div>             Sketch map:  </div> </div>                                                                                                                                                                                                                   |   |                                       |  | 6. Bore hole dia. <b>26</b> in. Completion date <b>6/9/79</b><br>Well depth <b>39</b> ft.                                                                                                                                                                                                                                                                                                                                              |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| 5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>Top soil</td> <td>0</td> <td>3</td> </tr> <tr> <td>Clay</td> <td>3</td> <td>7</td> </tr> <tr> <td>Sand</td> <td>7</td> <td>39</td> </tr> </tbody> </table>                                                                        |   |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                        | From | To                         | Top soil | 0                                                                                                                                                                                                                                                                                                                                                                   | 3 | Clay | 3 | 7 | Sand | 7 | 39 | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                        | From | To                         |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  | Top soil                                                                                                                                                                                                                                                                                                                                                                                                                               | 0    | 3                          |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  | Clay                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | 7                          |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| Sand                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7 | 39                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                               |   |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| 9. Casing: Material <b>Transite</b> <input type="checkbox"/> Steel <input type="checkbox"/> Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>30</b> lbs./ft.<br>Dia. <b>16</b> in. to <b>26</b> ft. depth Wall Thickness: inches or<br>Dia. <b>16</b> in. to <b>26</b> ft. depth gage No. <b>3/4</b> |   |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                                                                                                       |   |                                       |  | 10. Screen: Manufacturer's name <b>Johnson</b><br>Type <b>Sawed</b> Dia. <b>16</b><br>Slot/gauze <b>3/16</b> Length <b>13</b><br>Set between <b>26</b> ft. and <b>39</b> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1/8-1/4</b>                                                                                                                                                                                          |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  | 11. Static water level: <b>11 1/2</b> ft. below land surface Date <b>6/9/79</b>                                                                                                                                                                                                                                                                                                                                                        |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  | 12. Pumping level below land surfaces:<br><b>19</b> ft. after <b>1</b> hrs. pumping <b>800</b> g.p.m.<br><b>24</b> ft. after <b>2</b> hrs. pumping <b>1100</b> g.p.m.<br>Estimated maximum yield _____ g.p.m.                                                                                                                                                                                                                          |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____                                                                                                                                                                                                                                                                                                        |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                                                                                                                     |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  | 15. Well grouted? <b>yes</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.                                                                                                                                                                                                                                |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  | 16. Nearest source of possible contamination:<br>ft. _____ Direction <b>none</b> Type _____<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                   |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  | 17. Pump: _____ Not installed<br>Manufacturer's name <b>Layne pump</b><br>Model number <b>5 stage</b> HP <b>50</b> Volts _____<br>Length of drop pipe <b>30</b> ft. capacity <b>800</b> g.p.m.<br>Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |      |                            |          |                                                                                                                                                                                                                                                                                                                                                                     |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  | 18. Elevation:                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                            |          | 19. Remarks:                                                                                                                                                                                                                                                                                                                                                        |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                       |  | Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley                                                                                                                                                                                                                                                                                    |      |                            |          | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Rosencrantz-Bemis Ent. Inc.</b> License No. <b>134</b><br>Business name <b>1211 W. 4th Hutchinson, Ks.</b><br>Address <b>Mike Fowles</b> Date <b>6-23</b><br>Signed _____ Authorized representative |   |      |   |   |      |   |    |                                                                                                                                                                                                                                                                                              |  |  |  |  |  |

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

Form WWC-5

MI-1023