

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 <b>Edwards</b>	Fraction <b>nw 1/4 NW 1/4 SW/4</b>	Section number <b>8</b>	Township number <b>T 26 S R 16 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>1 1/2 south 1/4 west of Trousdale, Ks.</b> Street address of well location if in city:				3. Owner of well: <b>DaMac Drilling Co.</b> R.R. or street: <b>Box 1164</b> City, state, zip code: <b>Great Bend, Ks.</b>		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>60</b> ft. <b>11-26-75</b>	
					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	
5. Type and color of material		From	To	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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<b>Sandy top soil</b>		<b>0</b>	<b>2</b>	<input checked="" type="checkbox"/> Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>160</b> lbs./ft. Dia. <b>4</b> in. to <b>40</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>237</b>		
<b>Sand &amp; gravel</b>		<b>2</b>	<b>9</b>	10. Screen: Manufacturer's name _____ <b>R &amp; B</b> Type <b>slot</b> Dia. <b>4</b> Slot/gauze <b>1/16</b> Length <b>20</b> Set between <b>40</b> ft. and <b>60</b> ft. ft. and _____ ft.		
<b>Brown clay</b>		<b>9</b>	<b>18</b>	Gravel pack? <b>yes</b> Size range of material <b>3/4</b> 3/8		
<b>Sand &amp; gravel</b>		<b>18</b>	<b>60</b>	11. Static water level: _____ mo./day/yr. <b>11</b> ft. below land surface Date <b>11/26/75</b>		
				12. Pumping level below land surfaces: <b>16</b> ft. after <b>3/4</b> hrs. pumping <b>75</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> inches above grade		
				15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>125</b> Direction <b>SE</b> Type <b>oil well</b> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
				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		
18. Elevation: <b>2038'</b>		19. Remarks: <b>Pulled &amp; plugged w/ sand &amp; gravel</b>		<input checked="" type="checkbox"/> 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>Box 713, Great Bend, Ks.</b> Signed <b>Freda Dodson</b> Date <b>2-1-76</b> Authorized representative		

T 26 S R 16 E/W  
 Sec 8  
 NW 1/4 SW 1/4

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

Form WWC-5