

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 Edwards | Fraction nw 1/4 NW 1/4 SW 1/4 | Section number 8 | Township number T 26 S R 16 E/W | Range number |
| 2. Distance and direction from nearest town or city: 1 1/2 south 1/4 west of Trousdale, Ks. Street address of well location if in city: | | | | 3. Owner of well: DaMac Drilling Co. R.R. or street: Box 1164 City, state, zip code: Great Bend, Ks. | | |
| 4. Locate with "X" in section below: | | Sketch map: | | | 6. Bore hole dia. 8 in. Completion date _____ Well depth 60 ft. 11-26-75 | |
| | | | | | 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 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 | |
| 5. Type and color of material | | | | From | To | 9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>4</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>237</u> |
| Sandy top soil | | | | 0 | 2 | |
| Sand & gravel | | | | 2 | 9 | |
| Brown clay | | | | 9 | 18 | |
| Sand & gravel | | | | 18 | 60 | |
| | | | | | | 10. Screen: Manufacturer's name _____ R & B Type <u>slot</u> Dia. <u>4</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>40</u> ft. and <u>60</u> ft. ft. and _____ ft. |
| | | | | | | Gravel pack? <u>yes</u> Size range of material <u>3/4</u> 3/8 |
| | | | | | | 11. Static water level: _____ mo./day/yr. <u>11</u> ft. below land surface Date <u>11/26/75</u> |
| | | | | | | 12. Pumping level below land surfaces: <u>16</u> ft. after <u>3/4</u> hrs. pumping <u>75</u> 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 <u>18</u> inches above grade |
| | | | | | | 15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. |
| | | | | | | 16. Nearest source of possible contamination: ft. <u>125</u> Direction <u>SE</u> Type <u>oil well</u> 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: 2038' | | 19. Remarks: Pulled & plugged w/ sand & gravel | | 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. Rosencrantz-Bemis 134 Business name License No. Address Box 713, Great Bend, Ks. Signed Freddie Dodson Date 2-1-76 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