

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 <u>Edward</u> Fraction <u>1/4 SW 1/4 NE 1/4</u> Section number <u>10</u> Township number <u>T 26 S</u> Range number <u>R 16 E</u> (N)	
2. Distance and direction from nearest town or city: <u>1/2 SOUTH 1/2 EAST SOUTH side</u> City: <u>Hamdale</u> Street address of well location if in city:	
3. Owner of well: <u>B-N Duff</u> R.R. or street: <u>1012 WALNUT</u> City, state, zip code: <u>Great Bend KS 67530</u>	
4. Locate with "X" in section below: Sketch map:	
<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p style="margin: 0;">1 Mile</p> <p style="margin: 0;">1 Mile</p> </div> <div> <p>6. Bore hole dia. <u>2</u> in. Completion date <u>1-7-79</u> Well depth <u>60</u> ft.</p> <p>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</p> <p>8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other</p> <p>9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>20-3</u> lbs./ft. Dia <u>5</u> in. <u>60</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>20</u></p> <p>10. Screen: Manufacturer's name _____ Type <u>Saw</u> Dia. <u>5</u> Slot/gouze <u>18</u> Length <u>20</u> Set between <u>60</u> ft. and <u>10</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-14</u></p> <p>11. Static water level: _____ mo./day/yr. <u>8</u> ft. below land surface Date <u>1-7-79</u></p> <p>12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.</p> <p>13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____</p> <p>14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade</p> <p>15. Well grouted? <input checked="" type="checkbox"/> 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.</p> <p>16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>Abate</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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</p> </div> </div>	
5. Type and color of material	
	From To
<u>Fine Sand</u>	<u>0 18</u>
<u>Clay</u>	<u>18 30</u>
<u>Gravel</u>	<u>30 60</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:
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. <u>Mess Water Well 143</u> Business name _____ License No. _____ Address <u>Great Bend KS</u> Signature <u>Floyd Hamdahl</u> Date <u>1-7-79</u> Authorized representative	

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

Form WWC-5