

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

Schultz = A-4

1. Location of well:		County Edwards	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 10	Township number T 26 S	Range number R 16 W															
2. Distance and direction from nearest town or city: Teasdale 2 south least south in location				3. Owner of well: B-N Delg R.R. or street: 1012 WALNUT City, state, zip code: Great Bend Ks 67530																	
4. Locote with "X" in section below:		Sketch map:			6. Bore hole dia. 7 in. Completion date _____ Well depth 60 ft. 1-23-79																
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>5. Type and color of material</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>Fine Sand</td> <td>0</td> <td>18</td> </tr> <tr> <td>Clay</td> <td>18</td> <td>25</td> </tr> <tr> <td>Fine Sand</td> <td>25</td> <td>30</td> </tr> <tr> <td>Gravel</td> <td>30</td> <td>60</td> </tr> </tbody> </table>			5. Type and color of material	From	To	Fine Sand	0	18	Clay	18	25	Fine Sand	25	30	Gravel	30	60	7. <input checked="" 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														
Fine Sand	0	18																			
Clay	18	25																			
Fine Sand	25	30																			
Gravel	30	60																			
9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 278-3 lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. 200																					
10. Screen: Manufacturer's name _____ Peeless Type Saw Dia. 5 Slot/gauze 1/8 Length 20 Set between 60 ft. and 40 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4-1/8																					
11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 1-23-79																					
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.																					
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date 1																					
14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade																					
15. Well grouted? <input checked="" type="checkbox"/> yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.																					
16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type None Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
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																					
(Use a second sheet if needed)																					
18. Elevation:	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. Mycer Water Well 143 Business name License No. _____ Address Great Bend Ks. 67530 Signed Floyd Randall Date 1-23-79 Authorized representative																		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																					

T
R
E
S
C
1/4
1/4
1/4

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

Form WWC-5