

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: Edwards		County		Fraction c 1/4 ne 1/4 se 1/4		Section number 12		Township number T 26 S R 16		Range number EW	
2. Distance and direction from nearest town or city: 1 1/2 S 4-E 1/4 of Trousdale, Ks. <small>Street address of well location if in city:</small>						3. Owner of well: B & B Drilling Co. R.R. or street: 720 Union Center City, state, zip code: Wichita, Kansas 67202					
4. Locate with "X" in section below: <div style="text-align: center;"> </div>						Sketch map:					
5. Type and color of material						From		To		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>50</u> ft. <u>8-27-75</u>	
										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 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	
										9. Casing: Material <u>pvc</u> Height: Above or Below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>237</u>	
										10. Screen: Manufacturer's name <u>CertainTeed</u> Type <u>pvc</u> Dia. _____ Slot xxx <u>1/16</u> Length <u>20</u> Set between <u>15</u> ft. and <u>35</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>	
										11. Static water level: _____ mo./day/yr. <u>8</u> ft. below land surface Date <u>8-27-75</u>	
										12. Pumping level below land surfaces: <u>na</u> _____ 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 _____	
										14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
										15. Well grouted? <u>no</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.	
										16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>sw</u> Type <u>oilwell</u> 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. Rosencrantz-Bemis <u>134</u> Business name License No. Address Great Bend, Kansas <u>67530</u> Signed: <u>J. Kilgore</u> Date <u>8-27-75</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley											

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

Form WWC-5