

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>SW 1/4 SW 1/4 SE 1/4</b>	Section number <b>4</b>	Township number <b>T 26 S R 17 E/W</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Chester Smith</b> R. R. or street: <b>Fellsburg Kansas</b> City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:		<input checked="" type="checkbox"/> Bore hole dia. <b>2 1/2</b> in. Completion date <b>3-16-76</b> Well depth <b>43</b> ft.		
				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 checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Top Soil		0	4	<input checked="" type="checkbox"/> Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight <b>200</b> lbs./ft. Dia. <b>5</b> in. to <b>43</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>		
Sandy Clay (Yellow)		4	10	10. Screen: Manufacturer's name <b>Suz Flower Plastics</b> Type <b>RMP</b> Dia. <b>5 1/2</b> Slot/gauze _____ Length <b>20</b> Set between <b>23</b> ft. and <b>43</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes size range of material _____		
Hard Pan		10	18	11. Static water level: _____ mo./day/yr. <b>29</b> ft. below land surface Date <b>3-16-76</b>		
Gravel		18	26	12. Pumping level below land surfaces: <b>29</b> ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Clay		26	27	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Gravel		27	29	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
Clay		29	30	15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>13</b> ft.		
Gravel		30	43	16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>NW</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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		
				18. Elevation: _____ 19. Remarks: _____ (Use a second sheet if needed)		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <b>Carl Hays Water Well Serv 224</b> Business name _____ License No. _____ Address <b>163 So. Maple Greensboro Kansas</b> Signed <b>Carl Hays</b> Date <b>3-16-76</b> Authorized representative				

T 26 S R 17 E  
 Sec 4 SW 1/4 SE

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

Form WWC-5