

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>1/4cne 1/4 ne 1/4</b>	Section number <b>27</b>	Township number <b>T 26 S</b>	Range number <b>R 17W E/W</b>																						
2. Distance and direction from nearest town or city: <b>3 1/2 s 3/4 e</b> Street address of well location if in city: <b>Fellsburg, Ks.</b>			3. Owner of well: <b>Red Tiger Drlg Co</b> R.R. or street: <b>1720 Ks St Bldg</b> City, state, zip code: <b>Wichita, Ks. 67202</b>																								
4. Locate with "X" in section below: <div style="text-align: center;"> </div> Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date <b>12-19-77</b> Well depth <b>62</b> ft.																								
5. Type and color of material			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																								
			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 <input type="checkbox"/> Height: Above <del>XXXX</del> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>62</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>sch 40</b>																								
			10. Screen: Manufacturer's name <b>Jetstream</b> Type <b>pyc</b> Dia. <b>5"</b> Slot/gauze <b>1/32"</b> Length <b>20'</b> Set between <b>42</b> ft. and <b>62</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">From</th> <th style="width:40%;">To</th> </tr> </thead> <tbody> <tr><td><b>Top Soil-Clay</b></td><td><b>0# 20</b></td></tr> <tr><td><b>Sandy Clay</b></td><td><b>20 35</b></td></tr> <tr><td><b>Sand-Gravel</b></td><td><b>35 62</b></td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			From	To	<b>Top Soil-Clay</b>	<b>0# 20</b>	<b>Sandy Clay</b>	<b>20 35</b>	<b>Sand-Gravel</b>	<b>35 62</b>															11. Static water level: <input type="checkbox"/> mo./day/yr. <b>16</b> ft. below land surface Date <b>12-19-77</b>		
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12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>60</b> 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 <b>12</b> inches above grade																											
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.																											
16. Nearest source of possible contamination: <b>oil</b> ft. <b>60</b> Direction <b>sw</b> Type <b>test</b> 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																											
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>Kellys Waterwell Ser 186</b> Business name <b>R2 Great Bend, Ks.</b> License No. ____ Address <b>Kelly Price</b> Signed <b>Kelly Price</b> Authorized representative Date <b>8-20-77</b>																											
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:  (Use a second sheet if needed)																										

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

Form WWC-5