

USE TYPEWRITER OR BALL
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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>Edwards</u>	Fraction <u>C 1/4 NW 1/4 NE 1/4</u>	Section number <u>32</u>	Township number <u>T 26 S R 17 E/W</u>	Ronge number
2. Distance and direction from nearest town or city: <u>4 1/2 mi South 1 1/2 mi. west. South</u> Street address of well location if in city: <u>into field, from Tollsburg, Ks.</u>			3. Owner of well: <u>Dave. McClaren</u> R.R. or street: <u>none</u> City, state, zip code: <u>Lewis, Mo. 67552</u>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			<div style="text-align: center;"> </div>			
5. Type and color of material			From	To	6. Bore hole dia. <u>2 1/2</u> in. Completion date Well depth <u>129</u> ft. <u>5-6-77</u> 7. 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 checked="" 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 9. Casing: Material <u>steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>1 1/2</u> in. to <u>129</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>7</u>	
Sandy top soil			0	2	10. Screen: Manufacturer's name <u>Dorrco</u>	
Fine sand			2	6	Type <u>steel</u> Dia. <u>1 1/2</u>	
Brown clay			6	18	Slot/gauge <u>3/16</u> Length <u>40</u>	
Sand & gravel Clay mix			18	30	Set between <u>89</u> ft. and <u>129</u> ft.	
Sand & gravel clean coarse & loose			30	129	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>	
Reddish brown clay			129	134	11. Static water level: <u>15</u> ft. below land surface Date <u>1-24-77</u>	
Sand & gravel			134	141	12. Pumping level below land surfaces: <u>23</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>1400</u> g.p.m.	
Clay			141	143	13. Water sample submitted: <u>X</u> Yes <u> </u> No Date <u>1-24-77</u>	
					14. Well head completion: <u> </u> Pitless adapter <u> </u> Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
					16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>North</u> Type <u>septic</u> Well disinfected upon completion? <u> </u> Yes <u> </u> No	
					17. Pump: <u>Not installed</u> Manufacturer's name <u>W.T.R.</u> Model number <u>5-100H</u> HP <u>60</u> Volts <u> </u> Length of drop pipe <u>70</u> ft. capacity <u>1000</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>There is no Rt # in Lewis.</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Roseclary Bemis</u> <u>134</u> Business name License No. Address <u>Short Bend, Ks 67530</u> Signed <u>Andy Kilgore</u> Date <u>8-1-77</u> Authorized representative		

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

Form WWC-5