

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>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>10</b>	Township number <b>T 26 S R 18 E W</b>	Range number
2. Distance and direction from nearest town or city: <b>10 1/2 miles Southwest of Lewis, KS</b> Street address of well location if in city:			3. Owner of well: <b>Glenn Hetrick</b> R.R. or street: <b>Route 2</b> City, state, zip code: <b>Lewis, KS 67552</b>		
4. Locate with "X" in section below:			Sketch map:		
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <p>N</p> <p>1 Mile</p> <p>W</p> <p>1 Mile</p> <p>S</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Approx. 500' North and 200' West From SE Corner of Section 10</p> </div> <div style="text-align: center; margin-left: 10px;"> <p>E</p> </div> </div>			6. Bore hole dia. <u>9</u> in. Completion date <u>6/6/79</u> Well depth <u>70</u> 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 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		
			9. Casing: Material <u>Styrene</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.5</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>  </u> in. to <u>  </u> ft. depth gage No. <u>200</u>		
			10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>Styrene 200</u> Dia. <u>5"</u> <input checked="" type="checkbox"/> Slot gauze <u>1/8"</u> Length <u>10'</u> Set between <u>60</u> ft. and <u>70</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>		
			11. Static water level: <u>27</u> ft. below land surface Date <u>6/6/79</u>		
12. Pumping level below land surfaces: <u>Not Checked</u> <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. Estimated maximum yield <u>  </u> g.p.m.			13. Water sample submitted: <u>  </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>  </u>		
14. Well head completion: Pitless adapter <u>12</u> inches above grade			15. Well grouted? <u>Yes</u> 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: <u>FIELD</u> <u>  </u> ft. <u>  </u> Direction <u>  </u> Type <u>  </u> Well disinfected upon completion? <u>XXX</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>  </u> Model number <u>  </u> HP <u>  </u> Volts <u>  </u> Length of drop pipe <u>  </u> ft. capacity <u>  </u> 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks:  (Use a second sheet if needed)		
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>Clarke Well &amp; Eq., Inc. 185</b> Business name <u>Great Bend, KS 67530</u> License No. <u>  </u> Address <u>  </u> Signed <u>D.W. Clarke</u> Date <u>6/13/79</u> Authorized representative					

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

Form WWC-5

26 18 10 SE SE SE  
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 Sec 1/4 1/4 1/4