

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 Edwards	Fraction NW 1/4 1/4 1/4	Section number 33	Township number T 26 S R 18	Range number 18 X/W
2. Distance and direction from nearest town or city: 5 Mi. South & 2 West of Centerville Street address of well location if in city:			3. Owner of well: Bill Chadd R.R. or street: Greensburg, Kansas City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: Well No. 5 (TH 13-76)		6. Bore hole dia. <u>30</u> in. Completion date _____ Well depth <u>152</u> ft. <u>6/10/76</u>		
		7. <input type="checkbox"/> Cable tool <input 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 checked="" 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>Stl</u> Height: Above <u>surface</u> Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>36.91</u> lbs./ft. Dia. <u>16</u> in. to <u>98</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>219</u>		10. Screen: Manufacturer's name <u>Doerr</u> Metal Products Type <u>Stl.</u> Dia. <u>16"</u> Slot/gauze <u>1/8"</u> Length <u>56'</u> Set between _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material _____		
5. Type and color of material		From	To	11. Static water level: _____ no./day/yr. <u>34</u> ft. below land surface Date <u>5/23/76</u>		
Top soil		0	2	12. Pumping level below land surfaces: <u>No Test</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Sandy clay		2	8	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Med. to coarse sand & gravel		8	35	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Clay		35	45	15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
Med. to coarse sand & gravel		45	82	16. Nearest source of possible contamination: ft. <u>4000</u> Direction <u>East</u> Type <u>FARM</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Clay		82	91	17. Pump: _____ Not installed Manufacturer's name <u>Layne</u> Model number <u>12KM</u> HP <u>80</u> Volts _____ Length of drop pipe <u>80</u> ft. capacity <u>900</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		
Med. to coarse sand & gravel		91	112	(Use a second sheet if needed)		
Clay		112	137			
Med. to coarse sand & gravel		137	153	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. Layne Western Co. 102 Business name License No. Address <u>Wichita, Kansas</u> Signed <u>[Signature]</u> Date <u>7/13/76</u> Authorized representative		
Clay		153	160			
18. Elevation:		19. Remarks:		Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 26 S R 18 W 33
 Sec 33
 1/4 1/4 1/4 1/4

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

Form WWC-5