

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

County <b>Edwards</b>		Fraction Center of <b>NW XX</b> 1/4      1/4      1/4		Section number <b>XX</b> 22		Township number T    26                  S		Range number R    19                  EW	
2. Distance and direction from nearest town or city: <b>9½ miles Southeast of Kinsley, KS</b> Street address of well location if in city:				3. Owner of well: <b>R. G. Wenstrom</b> R.R. or street: <b>Route 1</b> City, state, zip code: <b>Kinsley, KS 67547</b>					
4. Locate with "X" in section below: <div style="text-align: center; margin-top: 10px;"> </div> Sketch map:				6. Bore hole dia. <u>24</u> in. Completion date <u>6-9-77</u> Well depth <u>138</u> ft.					
				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>Steel</u> Height: Above 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>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>65</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>122</u> ft. depth gage No. <u>7</u> ga.					
5. Type and color of material				From		To		10. Screen: Manufacturer's name <u>Doerr</u>	
Top soil & clay				0		5		Type <u>Double-slot</u> Dia. <u>16"</u>	
Sand & gravel				5		47		<input checked="" type="radio"/> Slot gauze <u>1/8</u> Length <u>56'</u> Set between <u>65</u> ft. and <u>105</u> ft. <u>122</u> ft. and <u>138</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>	
Clay & gravel streaks and sandstone streaks at 54' & 57'				47		58		11. Static water level: _____ mo./day/yr. <u>34</u> ft. below land surface Date <u>5-25-77</u>	
Gravel				58		84		12. Pumping level below land surfaces: <u>N/C</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
Clay & limestone streaks at 84'				84		90		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Gravel				90		105		14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
Clay & limestone streaks				105		122		15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From _____ ft. to <u>10</u> ft.	
Gravel				122		137		16. Nearest source of possible contamination: <u>FIELD</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Clay				137		138		17. Pump: _____ Not installed Manufacturer's name <u>Peerless Pump</u> Model number <u>12LB-3</u> HP <u>80</u> Volts _____ Length of drop pipe <u>70</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	
(Use a second sheet if needed)									
18. Elevation:		19. Remarks:				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. <u>Clarke Well &amp; Eq., Inc.</u> 185 Business name <u>Great Bend, KS 67530</u> License No. _____ Address _____ Signed <u>[Signature]</u> Date <u>6-10-77</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

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

Form WWC-5