

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>1/4 1/4 CNE1/4</b>	Section number <b>25</b>	Township number <b>T 26</b>	Range number <b>S R 19</b>
2. Distance and direction from nearest town or city: <b>13 1/2 mi. Southeast of Kinsley, KS</b> Street address of well location if in city:				3. Owner of well: <b>Jim Kline</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;">N 1 Mile W 1 Mile S E</div>				Sketch map: <div style="text-align: center;">1 Mile</div>		
5. Type and color of material				From	To	6. Bore hole dia. <b>24</b> in. Completion date <b>2-25-76</b> Well depth <b>132</b> ft.
Top soil & brown clay				0	6	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
Sandy clay & sand				6	18	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
Sand, gravel & clay streaks at 60'				18	71	9. Casing: Material <b>Steel</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>30.3</b> lbs./ft. Dia. <b>16</b> in. to <b>52</b> ft. depth Wall Thickness: inches or Dia. <b>16</b> in. to <b>106</b> ft. depth gage No. <b>7 ga.</b>
Brown & gray clay & limestone				71	106	10. Screen: Manufacturer's name <b>W. A. Brown</b> Type <b>Double-slot</b> Dia. <b>16"</b> <input checked="" type="checkbox"/> Slot gauge <b>1/8</b> Length <b>46'</b> Set between <b>52</b> ft. and <b>72</b> ft. <b>106</b> ft. and <b>132</b> ft. Gravel pack? <b>Yes</b> Size range of material <b>3/8-200</b>
Sand & gravel				106	114	11. Static water level: _____ mo./day/yr. <b>27</b> ft. below land surface Date <b>2-9-76</b>
White clay & limestone				114	125	12. Pumping level below land surfaces: <b>N/C</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Sand & gravel				125	131	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
White clay				131	132	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
						15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						17. Pump: Manufacturer's name <b>FMC Corp./Peerless</b> Model number <b>12LB-3</b> HP <b>80</b> Volts _____ Length of drop pipe <b>70</b> ft. capacity <b>900</b> 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)						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.</b> <b>185</b> Business name License No. Address <b>Great Bend, KS</b> Signed <b>[Signature]</b> Date <b>3-18-76</b> Authorized representative
18. Elevation:		19. Remarks:				
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

MI-1023