

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 <u>Edwards</u> | | Fraction <u>1/4 C 1/4 SW 1/4</u> | Section number <u>36</u> | Township number <u>T 26 S</u> | Range number <u>R 19 E</u> |
| 2. Distance and direction from nearest town or city: <u>4-1/2 W - 1/4 N of Mansburg</u> Street address of well location if in city: | | | 3. Owner of well: <u>Allen Simpson</u> R.R. or street: City, state, zip code: <u>Lewis, KS</u> | | |
| 4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W E S 1 Mile</div> | | Sketch map: | | 6. Bore hole dia. <u>29</u> in. Completion date Well depth <u>165</u> ft. <u>6-25-76</u> | |
| 5. Type and color of material | | From | To | 7. <input 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 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. Casings: Material <u>steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>16</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>16</u> in. to <u>158</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>79a</u> | |
| | | | | 10. Screen: Manufacturer's name <u>Lewis</u> Type <u>steel</u> Dia. <u>16</u> Slot/gauge <u>3/16</u> Length <u>68</u> Set between <u>740</u> ft. and <u>78</u> ft. <u>98</u> ft. and <u>158</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>14-20</u> | |
| | | | | 11. Static water level: <u> </u> mo./day/yr. <u>32</u> ft. below land surface Date <u>4-22-76</u> | |
| | | | | 12. Pumping level below land surfaces: <u>42</u> ft. after <u>1</u> hrs. pumping <u>800</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>1200</u> g.p.m. | |
| | | | | 13. Water sample submitted: <u> </u> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>4-22-76</u> | |
| | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u> </u> inches above grade | |
| | | | | 15. Well grouted? <input checked="" type="checkbox"/> 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. | |
| | | | | 16. Nearest source of possible contamination: ft. <u>sum</u> Direction <u>NE</u> Type <u>old farmhouse</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | 17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>gacuzzi</u> Model number <u>4-12ms</u> HP <u>60</u> Volts <u> </u> 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 | |
| 18. Elevation: <u>2220</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | 19. Remarks: <u>26348</u> <u>26 19 36 NCX</u> | | | |
| | | 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>Lesenera B. Benis 134</u> Business name <u>Great Bend Co</u> License No. <u> </u> Address <u> </u> Signed <u>Media Nelson</u> Date <u>9/10/76</u> Authorized representative | | | |

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

Form WWC-5