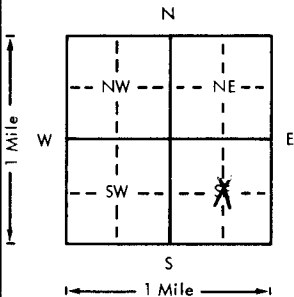


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 1/4 c 1/4 se 1/4 | Section number 2 | Township number T 26 S R 20 | Range number 20 |
| 2. Distance and direction from nearest town or city: 3w-7 1/2 s of Kinsley, Ks. Street address of well location if in city: | | | | 3. Owner of well: Midwest Land & Cattle R.R. or street: Box 64 City, state, zip code: Kinsley, Ks. 67547 | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. 29 in. Completion date _____ Well depth 50 ft. 1-27-75 | | |
|  | | | | 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 | | |
| 5. Type and color of material | | From | To | 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 | | |
| Fine sand | | 0 | 15 | 9. Casing: Material steel Weight: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 16 in. to 50 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. 7 | | |
| Sand and gravel clean coarse loose | | 15 | 49 | 10. Screen: Manufacturer's name Johnson Type steel Dia. 16 Slot/groze .060 Length 20 Set between 30 ft. and 50 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4-3/8-1/2 | | |
| | | | | 11. Static water level: _____ mo./day/yr. 16 ft. below land surface Date 8-14-74 | | |
| | | | | 12. Pumping level below land surfaces: 34 ft. after 1 hrs. pumping 400 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 650 g.p.m. | | |
| | | | | 13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 8-14-74 | | |
| | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade | | |
| | | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft. | | |
| | | | | 16. Nearest source of possible contamination: _____ septic tank ft. 2 south _____ Type hth Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | 17. Pump: _____ Not installed Manufacturer's name Fairbanks Morse Model number 4-10A HP 40 Volts _____ Length of drop pipe 40 ft. capacity 600 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. Rosencrantz-Bemis 134 Business name _____ License No. _____ Address Great Bend, Ks. 67530 Signed S. Kilgore Date 8-19-74 Authorized representative | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

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

Form WWC-5