

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>Kiowa</u> <u>Edwards</u> | | Fraction <u>C 1/4 SW 1/4 NE 1/4</u> | | Section number <u>5</u> | | Township number <u>T 27</u> | | Range number <u>S R 17</u> | | E/W | |
| 2. Distance and direction from nearest town or city: <u>Folsberg.</u> <u>South 1/2 west</u> Street address of well location if in city: | | | | 3. Owner of well: <u>B-N Delg.</u> R.R. or street: <u>1012 WALNUT</u> City, state, zip code: <u>Great Bend, Kansas 67530</u> | | | | | | | |
| 4. Locate with "X" in section below: Sketch map: | | | | 6. Bore hole dia. <u>2</u> in. Completion date _____ Well depth <u>60</u> ft. <u>2-15-79</u> | | | | | | | |
| | | | | 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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other | | | | | | | |
| 5. Type and color of material | | | | From | | To | | 9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>278.3</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u> | | | |
| | | | | | | | | 10. Screen: Manufacturer's name _____ <u>Pageless</u> Type <u>Saw</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>100</u> ft. and <u>40</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u> | | | |
| | | | | | | | | 11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>2-15-79</u> | | | |
| | | | | | | | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. | | | |
| | | | | | | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>2-15-79</u> | | | |
| | | | | | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade | | | |
| | | | | | | | | 15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. | | | |
| | | | | | | | | 16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>Above</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| | | | | | | | | 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input 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>Mues Water Well 143</u> Business name License No. Address <u>Great Bend, Ks.</u> Signed <u>Clayton Townsend</u> Date <u>2-15-79</u> Authorized representative | | | | | | | |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | | | | | | |

T 27 R 17 E S 5 OSWNE 1/4 1/4 1/4

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

Form WWC-5