

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 <i>Lincoln</i>	Fraction <i>150'</i> <i>NW 1/4 SE 1/4 NE 1/4</i>	Section number <i>2</i>	Township number T <i>27</i> S R <i>18</i> E <i>(NW)</i>	
2. Distance and direction from nearest town or city: <i>535-1E. - 355 of Centerville, Ks.</i> Street address of well location if in city:			3. Owner of well: <i>Pickrell Drilling Co.</i> R.R. or street: <i>Litwin Bldg. Suite 205</i> City, state, zip code: <i>Wichita, Ks. 67202</i>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>11</i> in. Completion date Well depth <i>147</i> ft. <i>3-15-78</i>	
				7. <input checked="" 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				9. Casing: Material <i>PVC</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>24</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <i>4 1/2</i> in. to <i>147</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>237</i>	
				<input checked="" type="checkbox"/> Screen: Manufacturer's name <i>CertainTeed</i> Type <i>PVC</i> Dia <i>4 1/2</i> Slot/gauze <i>132</i> Length <i>20</i> Set between <i>127</i> ft. and <i>147</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>20-40</i>	
<i>Top soil</i>		<i>0 1</i>		11. Static water level: _____ mo./day/yr. <i>19</i> ft. below land surface Date <i>3-15-78</i>	
<i>Red brown clay</i>		<i>1 8</i>		12. Pumping level below land surfaces: <i>19</i> ft. after <i>2</i> hrs. pumping <i>40</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
<i>Light gray clay</i>		<i>8 22</i>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<i>Thin to white clay</i>		<i>22 32</i>		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
<i>Sand &amp; Gravel</i>		<i>32 46</i>		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
<i>Brown clay</i>		<i>46 48</i>		16. Nearest source of possible contamination: ft. <i>100</i> Direction <i>SE</i> Type <i>oil well</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>Sand &amp; Gravel</i>		<i>48 146</i>		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	
<i>Brown clay</i>		<i>146 147</i>			
(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. <i>Rosenkrantz-Bemis 134</i> Business name _____ License No. _____ Address <i>Great Bend, Ks. 67530</i> Signed <i>Sandy Kilgore</i> Date <i>3-20-78</i> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5