

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Kiowa</b>	Township name	Fraction <b>SW 1/4 SW 1/4</b>	Section number <b>1</b>	Town number <b>27</b>	Range number <b>19</b>
Distance and direction from nearest town or city: <b>County line on 183 South of Minsley</b>				3 Owner of well: <b>Bundy Brothers</b>		
Street address of well location if in city: <b>10/18 3/4 west</b>				Address: <b>Lewis, Ks.</b>		
Locate with "X" in section below: N		Sketch map:		4 Well depth: <b>195</b> ft. Date of completion <b>10/31/74</b> Well diameter <b>6 3/4</b>		
				5 <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		
				6 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"/> Commercial <input checked="" type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <b>Pvc</b> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>4 1/2</b> in. to <b>195</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No Weight <b>160</b> lbs./ft.		
2		Type and color of material		From	To	8 Screen: Manufacturer <b>R &amp; E</b> Type <b>slot</b> Dia. _____ <u>Slot</u> gauze _____ Length <b>20</b> Set between <b>125</b> ft. and <b>195</b> ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4-3/8</b>
<b>Sandy top soil</b>				<b>0</b>	<b>2</b>	9 Static water level: <b>39</b> ft. below land surface Date <b>10/31/74</b>
<b>Sandy brown clay</b>				<b>2</b>	<b>12</b>	10 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.
<b>Fine sand</b>				<b>12</b>	<b>15</b>	11 Water sample submitted: <b>Graden City Lab.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>11-4-74</b>
<b>Brown clay</b>				<b>15</b>	<b>17</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
<b>Sand &amp; gravel with clay</b>				<b>17</b>	<b>23</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>12</b> ft.
<b>Sand &amp; gravel clean coarse loose</b>				<b>23</b>	<b>38</b>	14 Nearest source of possible contamination: <b>UNKNOWN</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sandy yellow brown &amp; white clay &amp; fine sand</b>				<b>38</b>	<b>46</b>	15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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
<b>Sand &amp; gravel clean coarse loose</b>				<b>46</b>	<b>80</b>	16 Remarks: elevation <b>Is test well to determine if enough water for irrigation well.</b>  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley
<b>Brown &amp; white clay</b>				<b>80</b>	<b>95</b>	
<b>Sand &amp; gravel loose</b>				<b>95</b>	<b>99</b>	
<b>Sand &amp; gravel yellow brown clay</b>				<b>99</b>	<b>101</b>	
<b>Sand &amp; gravel loose clean</b>				<b>101</b>	<b>109</b>	
<b>Brown &amp; white clay</b>				<b>109</b>	<b>126</b>	
<b>Hard white rock</b>				<b>126</b>	<b>127</b>	
<b>Brown &amp; white clay</b>				<b>127</b>	<b>138</b>	17 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>Rosencrantz-Bemis</b> Business name _____ License No. _____ Address <b>Great Bend, Ks.</b> Signed <b>Freddie Rodman</b> Date <b>1/4/74</b> Authorized representative
(use a second sheet if needed)						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

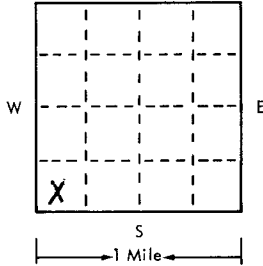
Form WWC-5

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(Water Well Contractors)  
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Topeka, Kansas 66620

1 Location of well:	County <i>Kiowa</i>	Township name	Fraction <i>SW 1/4 SW 1/4</i>	Section number <i>1</i>	Town number <i>275</i>	Range number <i>19W</i>
Distance and direction from nearest town or city: <i>County line on 183 South of Kinsley</i>			3 Owner of well: <i>Bundy Brothers</i>			
Street address of well location if in city: <i>1W/15 3/4 West</i>			Address: <i>Lewis, Kansas</i>			
Locate with "X" in section below: N 			Sketch map:			4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in.
2 Type and color of material			From		To	
			Hard white rock		138 139	
Sand & gravel loose medium clean		139 147		5 <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 type="checkbox"/> Reverse rotary		
yellow brown clay		147 150		6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____		
Sand & gravel clean coarse to medium clean		150 178		7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
brown & white clay		178 193		8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
yellow brown & gray clay		193 195		9 Static water level: _____ ft. below land surface Date _____		
(use a second sheet if needed)					10 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.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
16 Remarks: elevation					12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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	
17 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.					Business name <i>Rosencautz - Bemis</i> License No. <i>134</i>	
					Address <i>Great Bend, KS</i> Signed _____ Date <i>4/6/74</i> Authorized representative	

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