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 **Kingman**	Fraction **ne** 1/4 **se** 1/4 **ne** 1/4	Section number **33**	Township number T **27** S	Range number R **5w** E/W

2. Distance and direction from nearest town or city:
4 miles east-¼ south of Midway, Ks.
Street address of well location if in city:

3. Owner of well:
R.R. or street:
City, state, zip code:
Pickrell Drilling Co.
Litwin Bldg. Suite 205
Wichita, Ks. 67202

4. Locate with "X" in section below: Sketch map:

N

NW	NE **X**
SW	SE

W — E
S
1 Mile
1 Mile

5. Type and color of material

5. Type and color of material	From	To
Sandy top soil	0	2
Sandand clay	2	5
Sand and gravel clay mixed	5	7
Sand and clay	7	12
Sand and gravel	12	19
Red Bed	19	23
(Use a second sheet if needed)		

6. Bore hole dia. **9 7/8** in. Completion date _____
Well depth **23** ft. **5-16-77**

7. ___ Cable tool **X** Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: ___ Domestic ___ Public supply **X** Industry
___ Irrigation ___ Air conditioning ___ Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material **pvc** Height: Above or below
Threaded _____ Welded **X** Surface **24** in.
RMP _____ PVC **X** Weight **160** lbs./ft.
Dia. **4** in. to **23** ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ~~173~~ **273**

10. Screen: Manufacturer's name _____
Certainteed
Type **pvc** Dia. **4½**
Slot/gauze **1/16** Length **20**
Set between **3** ft. and **23** ft.
_____ ft. and _____ ft.
Gravel pack? **X** Size range of material **3/4 & 3/8-½**

11. Static water level: mo./day/yr.
10 ft. below land surface Date **5-16-77**

12. Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping **NA** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield _____ g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes **X** No Date _____

14. Well head completion:
___ Pitless adapter _____ Inches above grade

15. Well grouted? _____
With: ___ Neat cement ___ Bentonite ___ Concrete
Depth: From _____ ft. to _____ ft.

16. Nearest source of possible contamination:
ft. **75** Direction **east** Type **oil** well
Well disinfected upon completion? ___ Yes **X** No

17. Pump: **X** Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:
Topography:
___ Hill
___ Slope
___ Upland
X Valley

19. Remarks:
well will be pulled + plugged by customer with well cutting + gravel pack

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.
Business name **Rosencrantz-Bemis 134** License No.
Address **Great Bend, Ks.**
Signed *Fredia Dobson* Date 5/25/77
Authorized representative

T 27 S R 5 W Sec 33 NE SE NE 1/4 1/4 1/4

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

Form WWC-5

MT-1023