

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>Mitchell</u> Fraction <u>CS 1/2</u> Section number <u>12</u> Township number <u>T 7 S R 8</u> Range number <u>8</u> <span style="float: right;">EW?</span>	
2. Distance and direction from nearest town or city: <u>1 1/2 - W from 14 1/2 mi. north of Beloit, KS</u>	
3. Owner of well: <u>Jack Smith Rt 3 Beloit, Kansas 67420</u>	
4. Locate with "X" in section below: Sketch map: <u>1 1/2 - W 3/4 - S 1/2 - W into field from Beloit, Ks.</u>	
5. Type and color of material	
<u>Black top soil</u>	From <u>0</u> To <u>3</u>
<u>Dark brown clay</u>	<u>3</u> <u>9</u>
<u>Brown clay</u>	<u>9</u> <u>37</u>
<u>Sand &amp; gravel</u>	<u>37</u> <u>42</u>
<u>Black mud</u>	<u>42</u> <u>43</u>
<u>Sand &amp; gravel</u>	<u>X</u> <u>43</u> <u>55</u>
(Use a second sheet if needed)	
6. Bore hole dia. <u>4 1/2</u> in. Completion date <u>9-1-78</u> Well depth <u>56</u> ft.	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 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	9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>1 1/2</u> in. to <u>56</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>
10. Screen: Manufacturer's name <u>Johnson</u> Type <u>Steel</u> Dia. _____ Slot/gauge <u>3/16</u> Length <u>10</u> Set between <u>46</u> ft. and <u>56</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>	11. Static water level: _____ mo./day/yr. <u>28</u> ft. below land surface Date <u>5-17-78</u>
12. Pumping level below land surfaces: <u>50</u> ft. after <u>1 1/2</u> hrs. pumping <u>200</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>5-17-78</u>
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 <u>0</u> ft. to <u>10</u> ft.
16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>North</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Test hole is not always as deep as the well</u>
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>Booncreant-Bemis 134</u> Business name _____ License No. _____ Address <u>Great Bend, Ks. 67530</u> Signed <u>Sandy Kilgore</u> Date <u>10-17-78</u> Authorized representative	

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

Form WWC-5

1-7-80-12  
 Sec  
 1/4 1/4 1/4  
 CS 1/2