

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

95.19476 39.20143

1. Location of well: County <u>DOUGLAS</u> Fraction <u>SW SE SW 1/4</u> Section number <u>16</u> Township number <u>T 120 S</u> Range number <u>R 20 E 0</u>	
2. Distance and direction from nearest town or city: <u>LAWRENCE</u> Street address of well location if in city: <u>1 1/2 IM EAST</u> 3. Owner of well: <u>BILLYE AND BAMBAA GARRET</u> R.R. or street: <u>A.R. 3</u> City, state, zip code: <u>LAWRENCE KS. 66 044</u>	
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile 1 Mile Sketch map:	
5. Type and color of material	
From To	
SOIL 0 2	
SANDY YELLOW CLAY 2 21	
FINE BROWN SAND 21 38	
FINE DIRT BLUE SAND 38 44	
MEDIUM BLUE SAND 44 54	
6. Bore hole dia. <u>4</u> in. Completion date <u>7-15-78</u> Well depth <u>54</u> ft.	
7. <input checked="" 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	
8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>STAY</u> Height: Above or below <u>WNC</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12'</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>54</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <u>200</u>	
10. Screen: Manufacturer's name <u>FIELD PERFORATOR</u> <u>STAYLINE</u> Type <input type="checkbox"/> Dia. <u>5"</u> Slot/gauze <u>0.50</u> Length <u>5'</u> Set between <u>49</u> ft. and <u>54</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <u>NO</u> Size range of material <u>1/4" to 1/2"</u>	
11. Static water level: <u>22</u> ft. below land surface Date <u>7-15-78</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>27</u> ft. after <u>2</u> hrs. pumping <u>40</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>100</u> g.p.m.	
13. Water sample submitted: <u>X</u> Yes <input type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
14. Well head completion: <u>12"</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
15. Well grouted? <u>X</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>19</u> ft.	
16. Nearest source of possible contamination: ft. <u>75</u> Direction <u>EAST</u> Type <u>SEPTIC</u> Well disinfected upon completion? <u>X</u> Yes <input type="checkbox"/> No	
17. Pump: <u>X</u> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: <u>830</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <u>MAP</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>LEONARD BARRINGTON</u> Business name <u>CARBONNE KS</u> License No. <u>119</u> Address <u>7-15-78</u> Signed <u>John A. Barrington</u> Authorized representative Date <u>7-15-78</u>	

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

Form WWC-5

BR < 7876

≡ = 808