

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>Dickens</u> Section <u>20 1/4 20 1/4 NW 1/4</u> Section number <u>12</u> Township number <u>T 16 S R 4</u> Range number <u>40</u> E 1/4	
2. Distance and direction from nearest town or city: <u>in city</u>	
3. Owner of well: <u>Hester Beames</u> R.R. or street: <u>820 N.C.</u> City, state, zip code: <u>Herrington KS 67449</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 2</u>
<u>lime Stone</u>	<u>2 35</u>
<u>yellow clay + shale</u>	<u>35 48</u>
<u>Water</u>	<u>48</u>
<u>yellow shale</u>	<u>48 56</u>
<u>Red shale</u>	<u>56 57</u>
(Use a second sheet if needed)	
6. Bore hole dia. <u>9 7/8</u> in. Completion date <u>11-5-76</u> Well depth <u>57</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 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>Sch 40</u> lbs./ft. Dia. <u>5</u> in. to <u>57</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>1250</u>
10. Screen: Manufacturer's name <u>D.V.M.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/4"</u> Length <u>10'</u> Set between <u>47</u> ft. and <u>57</u> ft. ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20</u>	11. Static water level: <u>39</u> ft. below land surface Date <u>11-5-76</u> mo./day/yr.
12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.	13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u> </u> inches above grade	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.
16. Nearest source of possible contamination <u>City</u> ft. <u> </u> Direction <u> </u> Type <u>sewer line</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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>Backhu's Drng 180</u> Business name <u> </u> License No. <u> </u> Address <u>Tampa, KS</u> Signed <u>Paul Backhu</u> Date <u>11-8-76</u> Authorized representative

T 16 S R 4 E 1/4 Sec 12

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

Form WWC-3