

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>Butler</u>	Fraction: <u>CN$\frac{1}{2}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$</u>	Section number: <u>14</u>	Township number: <u>T 24</u>	Range number: <u>S R 5</u>	(EW)
2. Distance and direction from nearest town or city: <u>9 N. on Hwy 77</u>		3. Owner of well: <u>Eldon Locke</u>				
Street address of well location if in city: <u>El Dorado Kans</u>		R.R. or street: <u>Route 4</u>				
		City, state, zip code: <u>El Dorado Kans. 67042</u>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date <u>2-26-76</u> Well depth <u>100</u> ft.		
N 1 Mile W E S 1 Mile		Well in open field		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		
5. Type and color of material		From		To		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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
						9. Casing: Material <u>galv</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>16</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>175</u>
		Brown Clay		0	6	10. Screen: Manufacturer's name <u>9 ft. L. Oklahoma City</u> Type <u>RMP</u> Dia. <u>6</u> Slope gauze <u>1/16</u> Length <u>20 ft</u> Set between <u>80</u> ft. and <u>100</u> ft. _____ ft. and _____ ft.
		yellow clay		6	12	Gravel pack? <u>no</u> Size range of material _____
		grey lime		12	28	11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>2-26-76</u>
		Blue shale		28	33	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15</u> g.p.m.
		grey lime		33	52	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
		Red clay		52	55	14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <u>16</u> Inches above grade
		grey lime		55	87	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.
		water		87		16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type <u>Field</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
		yellow lime		87	100	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
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		owner will put on slab <u>Eldon L. Locke</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Wibe Well Drilling 122</u> Business name _____ License No. _____ Address <u>Augusta Kans</u> Signed <u>Theray Wibe</u> Date <u>2-26-76</u> Authorized representative		

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