

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 <b>Sumner</b>	Section <b>NW/4 SE 1/4 <del>SW</del> 1/4 NW</b>	Section number <b>35</b>	Township number <b>T 30 S R 2 E</b>	Range number <b>E/W</b>
2. Distance and direction from nearest town or city: <b>1 mile East of Lucky 7 Stables 2 1/2 South</b> Street address of well location if in city: <b>on the East side. Udall, Kansas</b>				3. Owner of well: <b>Lynn Thompson</b> R.R. or street: <b>RR#1 Udall, Kansas</b> City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <b>11</b> in. Completion date _____ Well depth <b>53</b> ft. <b>4-28-77</b>		
5. Type and color of material				From	To	7. <input 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
<b>Topsoil</b> <b>Fine Sand</b> <b>Medium Sand</b> <b>Shale</b> <b>Fine Sand</b> <b>Shale</b>				0	3	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
				3	29	9. Casing: Material <b>Styrene</b> Height: Above or below <b>11/11</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>53</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <b>200</b>
				29	34	10. Screen: Manufacturer's name _____ <b>Sunflower Plastic</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauge <b>.06</b> Length <b>22'</b> Set between <b>31</b> ft. and <b>53</b> ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <b>1/8"</b>
				34	37	11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>4-28-77</b>
				37	39	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
						13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						14. Well head completion: <b>Capped</b> <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
						15. Well grouted? <input checked="" type="checkbox"/> yes <b>1 to 2 fine sand</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>40'</b> ft. to <b>14</b> ft.
						16. Nearest source of possible contamination: <b>Septic</b> ft. <b>200</b> Direction <b>West</b> Type <b>Tank</b> 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
						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. <b>Harp Well &amp; Pump</b> <b>236</b> Business name License No. Address <b>Wichita, Kansas</b> Signed <b>M. Arnold</b> Date <b>7-2-77</b> Authorized representative
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

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 MUSEUM