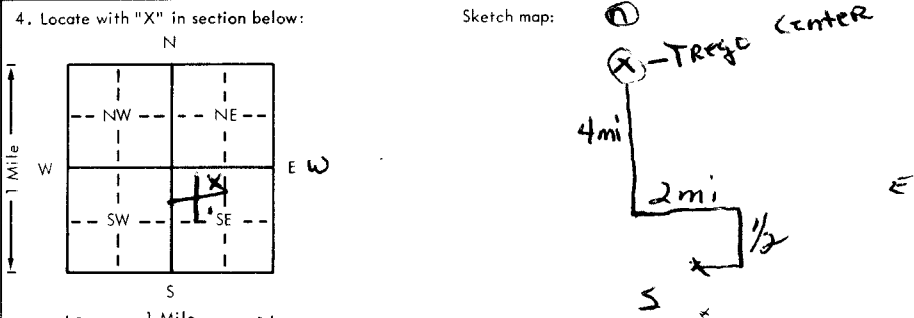


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

LBA

| | | | | | |
|---|--|--|--|--|--------------------------|
| 1. Location of well: County Trego | | Fraction NE 1/4 NW 1/4 SE 1/4 | Section number 22 | Township number T 14 S R 23 E | Range number 23 E |
| 2. Distance and direction from nearest town or city: 4.5, 2E, 1/2 S Back into the West From Trego Center | | | 3. Owner of well: Carroll Ferbridges R.R. or street: City, state, zip code: | | |
| 4. Locate with "X" in section below:  | | 6. Bore hole dia. 7 1/8 in. Completion date _____ Well depth 45 ft. | | | |
| 5. Type and color of material | | From | To | 7. 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 | |
| Top Soil | | 0 | 2 | 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | |
| White Chalky clay | | 2 | 10 | 9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____ | |
| Light Brown clay | | 10 | 14 | 10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____ | |
| Dark clay | | 14 | 19 | 11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____ | |
| Layer of Rock | | 19 | 27 | 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. | |
| White clay | | 27 | 38 | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ | |
| Streaks of sand & clay | | 38 | 44 | 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade | |
| Shale | | 44 | 45 | 15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft. | |
| BROCK 2' | | | | 16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (Dry Hole) | | | | 17. Pump: _____ 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 | |
| (Plugged) | | | | 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. Dispers Water Well Dlg Inc Business name _____ License No. _____ Address 406 W 24 Signed Robert C. Dispers Date 2/1/82 Authorized representative | |
| 18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | 19. Remarks: 2240 2238 | | | |

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

Form WWC-5