

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

[Handwritten signature]

1. Location of well:	County BARTON	Fraction SE 1/4 NW 1/4 NE 1/4	Section number 27	Township number T 17 S	Range number R 11 W
2. Distance and direction from nearest town or city: CLARIN KS			3. Owner of well: EMPHASIS OIL RIG		
Street address of well location if in city: NORTH LEAST			R.R. or street: City, state, zip code: Russell, Kansas		
4. Locate with "X" in section below:		Sketch map:			
5. Type and color of material		From	To		
				6. Bore hole dia. 7 in. Completion date 8-1-78	
				Well depth 88 ft.	
				7. <input checked="" 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	
				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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material _____ Height: Above or below	
				Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in.	
				RMP _____ PVC <input checked="" type="checkbox"/> Weight 278-3 lbs./ft.	
				Dia. 7 in. to 88 ft. depth Wall Thickness: inches or	
				Dia. _____ in. to _____ ft. depth gage No. 200	
				10. Screen: Manufacturer's name Shop made	
				Type Saw Dia. 5	
				Slot/gauze 18 Length 20	
				Set between 64 ft. and 88 ft.	
				_____ ft. and _____ ft.	
				Gravel pack? yes Size range of material 14 48	
				11. Static water level: _____ mo./day/yr.	
				35 ft. below land surface Date 8-1-78	
				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:	
				<input type="checkbox"/> Pitless adapter 12 Inches above grade	
				15. Well grouted? yes	
				With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
				Depth: From 0 ft. to 35 ft.	
				16. Nearest source of possible contamination:	
				ft. _____ Direction _____ Type _____	
				Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				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	
				(Use a second sheet if needed)	
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography:	1830		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input checked="" type="checkbox"/> Hill			Myse Water Well 143		
<input checked="" type="checkbox"/> Slope			Business name _____ License No. _____		
<input type="checkbox"/> Upland			Address 61 Bend		
<input type="checkbox"/> Valley			Signed Hynd Resendahl Date 8-1-78		
			Authorized representative		

T 17 N R 11 W Sec 27 SE 1/4 1/4 1/4

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

Form WWC-5