

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

WATER WELL RECORD
KSA 82a-1201-1215

nkama

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

1. Location of well:		County Rush	Fraction 1/4 NE 1/4 SW 1/4	Section number 19	Township number T 18 S R 19 E (W)	Range number
2. Distance and direction from nearest town or city: 13 miles SW of LaCrosse, KS Street address of well location if in city:			3. Owner of well: Larry Bales (?) R.R. or street: Bimon, KS 67520 City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map:		6. Bore hole dia. <u>24</u> in. Completion date <u>7-22-76</u> Well depth <u>62</u> ft.		
		7. <input 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 checked="" type="checkbox"/> Reverse rotary		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
		5. Type and color of material		9. Casing: Material <u>steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>62</u> ft. depth gage No. <u>7 ga.</u>		10. Screen: Manufacturer's name <u>Johnson</u> Type <u>.125 Irr.</u> Dia. <u>16"</u> <input checked="" type="checkbox"/> Slot gauze <u>1/8"</u> Length <u>20'</u> Set between <u>40</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>3/8-200</u>
top soil		From 0 To 3		11. Static water level: _____ mo./day/yr. <u>30' 6"</u> ft. below land surface Date <u>6-11-76</u>		
brown clay		From 3 To 26		12. Pumping level below land surfaces: <u>N/C</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
sand & gravel & clay & streak at 36-38		From 26 To 57		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
blue shale		From 57 To 62		14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
<i>RR 57' 4/4m</i>				15. Well grouted? <input checked="" type="checkbox"/> yes 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.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>FMC Corp/Peerless</u> Model number <u>10LB-2</u> HP <u>10</u> Volts <u>460</u> Length of drop pipe <u>55</u> ft. capacity <u>400</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:		19. Remarks: <i>2042</i>		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. Clarke Well & Eq. Inc. <u>185</u> Business name License No. Address <u>Great Bend, KS 67530</u> Signed <u>J.W. Clarke</u> Date <u>7-23-76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5