

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 Rush	Fraction 1/4 SW 1/4 NE 1/4	Section number 29	Township number T 18 S	Range number R 20 E W
2. Distance and direction from nearest town or city: 1/2 mile South of Alexander, KS Street address of well location if in city:			3. Owner of well: Lawrence Webs (?) R.R. or street: City, state, zip code: Alexander, KS 67513		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			6. Bore hole dia. 9 in. Completion date 9-17-76 Well depth 45 ft.		
7. top soil			7. 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. brown clay			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		
9. soft gray clay & sand			9. Casing: Material Styrene Weight: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 1.5 lbs./ft. Dia. 5 in. to 30 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. 200#		
10. gravel			10. Screen: Manufacturer's name Jess & Lowell Type Styrene 200 Dia. 5" Slot/gauze 1/8" Length 15' Set between 30 ft. and 45 ft. ft. and <input type="checkbox"/> ft. Gravel pack? yes Size range of material 3/8-200		
11. blue shale			11. Static water level: <input type="checkbox"/> mo./day/yr. 24'6" ft. below land surface Date 9-17-76		
12. BR 43' from			12. Pumping level below land surfaces: N/C <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
13. (Use a second sheet if needed)			13. Water sample submitted: <input type="checkbox"/> ma./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
14. (Use a second sheet if needed)			14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade		
15. (Use a second sheet if needed)			15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
16. (Use a second sheet if needed)			16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
17. (Use a second sheet if needed)			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
18. Elevation:		19. Remarks: 30 ft.		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 & Equip. Inc. 185 Business name License No. Address Great Bend KS 67530 Signed D.W. Clarke Date 9-28-76 Authorized representative	
Topography: <input type="checkbox"/> Hill <input 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