Plotted

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	Fraction	Section number	Township number	Range number
	Rice	sw 1/4 se 1/4 se 1/4	3	T 20 S	R 9 E/W

2. Distance and direction from nearest town or city:
2-E 1-S 3/4-E of Chase, Ks.
Street address of well location if in city:

3. Owner of well: R. L. Malone
R.R. or street: RR #2
City, state, zip code: Lyons, Kansas 67554

4. Locate with "X" in section below: Sketch map:

N
NW NE
W E
SW SE
X
S
1 Mile ← → 1 Mile

6. Bore hole dia. 12¼ in. Completion date _____
Well depth 70 ft. 7-1-79

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material pvc Height: Above or ~~xxx~~
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 5½ in. to 70 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .258

5. Type and color of material	From	To
top soil	0	3
clay	3	20
sand & gravel	20	23
clay	23	28
sand & gravel	28	35
clay	35	51
fine sand	51	70
clay	70	
(Use a second sheet if needed)		

10. Screen: Manufacturer's name CertainTeed
Type pvc Dia. 5½
Slot/~~xxx~~ 1/16 Length 20
Set between 50 ft. and 70 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material ½3/4 3/8

11. Static water level: mo./day/yr.
15 ft. below land surface Date 6-6-79

12. Pumping level below land surfaces:
28 ft. after 1 hrs. pumping 40 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 100 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ____ No Date 6-6-79

14. Well head completion:
____ Pitless adapter ____ Inches above grade

15. Well grouted? X
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: ~~xp~~
ft. 250 Direction SW Type ~~spex~~ septic
Well disinfected upon completion? hth Yes ____ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
____ Submersible ____ Turbine
____ Jet ____ Reciprocating
____ Centrifugal ____ Other

T 20 — R 9 E/W — Sec 3 — 1/4 SW 1/4 SE 1/4 SE 1/4

18. Elevation:
Topography:
____ Hill
____ Slope
X Upland
____ Valley

19. Remarks:

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.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Kansas 67530
Signed Sandy Kilgore Date 7-12-79
Authorized representative

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

Form WWC-5