

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 Rice	Fraction SW 1/4 NE 1/4 SW 1/4	Section number 3	Township number T 21 S R 10	Range number EW
2. Distance and direction from nearest town or city: 1 1/2 Miles South of Raymond, KS Street address of well location if in city:			3. Owner of well: John Snider (?) R.R. or street: City, state, zip code: Raymond, KS 67573		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Sketch map:</p> </div> <div> <p>NOTE: This is a manifold system. There are 6-30' wells at this location. Only one report will be sent for all 6 wells.</p> </div> </div>			6. Bore hole dia. 24 in. Completion date 4-28-77 Well depth 30 ea ft.		
5. Type and color of material			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		
			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>1 1/2</u> to <u>1 1/4</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>7 ga.</u>		
			10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot/gauze <u>1/8</u> Length <u>16'</u> Set between <u>14</u> ft. and <u>30</u> ft. ft. and <u> </u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u>		
			11. Static water level: <u> </u> mo./day/yr. <u>10</u> ft. below land surface Date <u>3-7-77</u>		
			12. Pumping level below land surfaces: <u>N/C</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.		
			13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
			15. Well grouted? <u>yes</u> 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: <u>FIELD</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Berkeley Pump Co.</u> Model number <u>B4JRBM</u> HP <u>80</u> Volts <u> </u> Length of drop pipe <u>26' ea</u> ft. capacity <u>1200</u> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
			(Use a second sheet if needed)		
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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 <u>Great Bend, KS</u> License No. <u>67530</u> Address <u> </u> Date <u>5-10-77</u> Signed <u> </u> Authorized representative			

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

Form WWC-5