

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

*Barstow Yeager*

1 Location of well: County <u>Barne</u> Township name _____ Fraction <u>S 1/2 N 1/2 SE</u> Section number <u>29</u> Town number <u>22S</u> Range number <u>15W</u>	
Distance and direction from nearest town or city: <u>5 west</u> Street address of well location if in city: <u>2 1/2 south Raduwn</u>	
3 Owner of well: <u>Duke Drilling Co</u> Address: <u>Great Bend KS</u>	
Locate with "X" in section below: Sketch map: <div style="text-align: center;"> </div>	
4 Well depth: <u>60</u> ft. Date of completion <u>7-11-72</u> Well diameter: <u>5</u> in.	
5 <input 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	
6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <u>Oilfield supply</u>	
7 Casing: Material <u>PVC</u> Height: above/below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight <u>42</u> lbs./ft. <u>100</u> <u>2</u> in. to <u>60</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
8 Screen: Manufacturer <u>Jet Stream</u> Type <u>PVC</u> Dia. <u>2</u> Slot/gauze <u>5</u> Length <u>10</u> Set between <u>30</u> ft. and <u>60</u> ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4"</u>	
9 Static water level: <u>14</u> ft. below land surface Date <u>7-11-72</u>	
10 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.	
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>12</u> ft.	
14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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	
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
17 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. <u>143</u> <u>Myers Water Well</u> Business name _____ License No. _____ Address: <u>Great Bend</u> Signed: <u>Richard Myers</u> Date <u>7-11-72</u> Authorized representative	

22  
 15W  
 29  
 5/2  
 11/25

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5