

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 <u>Reno</u>	Fraction <u>SE 1/4 SE 1/4 NW 1/4</u>	Section number <u>12</u>	Township number <u>T 23</u>	Range number <u>S R 5</u>	<u>EW</u>
2. Distance and direction from nearest town or city: <u>3 E 1/2 N of 4th & Airport</u>			3. Owner of well: <u>Ralph Barnes</u>			
Street address of well location if in city: <u>Hutchinson</u>			R.R. or street: <u>1103 W. 24th.</u>			
			City, state, zip code: <u>Hutchinson Kan. 67501</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>12</u> in. Completion date <u>3-29-77</u>		
				Well depth <u>65</u> ft.		
				7. <input checked="" 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		
				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. Casing: Material <u>Plas</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <u>G/4</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>6</u> in. to <u>65</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth Gage No. <u>175</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>JAL</u>		
<u>fine sand</u>		<u>0</u>	<u>15</u>	Type <u>RMP</u> Dia. <u>6"</u>		
<u>grey clay</u>		<u>15</u>	<u>32</u>	Slot/gauze <u>1/8 hole</u> Length <u>23'</u>		
<u>fine sand</u>		<u>32</u>	<u>46</u>	Set between <u>40</u> ft. and <u>65</u> ft. ft. and <u> </u> ft.		
<u>sandy clay</u>		<u>46</u>	<u>52</u>	Gravel pack? <u>yes</u> Size range of material <u>1/8-1/2"</u>		
<u>fine sand</u>		<u>52</u>	<u>65</u>	11. Static water level: <u>28</u> ft. below land surface Date <u>3-29-77</u>		
				12. Pumping level below land surfaces: <u>40</u> ft. after <u>1/2</u> hrs. pumping <u>15</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>20</u> g.p.m.		
				13. Water sample submitted: <u> </u> mo./day/yr. <u> </u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>		
				14. Well head completion: <u> </u> 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>3</u> ft. to <u>13</u> ft.		
				16. Nearest source of possible contamination: ft. <u>70</u> Direction <u>N</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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		
		(Use a second sheet if needed)				
18. Elevation:	19. Remarks:			20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Price Water Well 193</u> Business name <u>RR3 Hutchinson</u> License No. <u> </u> Address <u> </u> Signed <u>John Davenport</u> Date <u>5-20-77</u> Authorized representative		

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

Form WWC-5