

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 Kearny	Fraction N/2 NW NW 1/4 NW 1/4 SW 1/4	Section number 34	Township number T 24 S R	Range number 36 #6
2. Distance and direction from nearest town or city: 1 Mi. south of Lakin, Ks: Approx. 1/8 mi. east Street address of well location if in city:			3. Owner of well: Lawrence Hubbard R.R. or street: Lakin, Ks. 67860 City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: NE corner		6. Bore hole dia. 26 in. Completion date Well depth 212 ft. 3-27-76	
5. Type and color of material		From		To	
		Top soil, sand, clay		0 15	
		Loose sand, ^{Gravel} rocks		15 60	
		Sand, gravel, clay streaks		60 200	
Hard clay		200		212	
				10. Screen: Manufacturer's name Lakewood Type Millplot Dia. 16" Slot/gauge 1/8x2" Length 182' Set between 30 ft. and 212 ft. Gravel pack? Yes Size range of material 1/4"	
				11. Static water level: mo./day/yr. 28 ft. below land surface Date 2-20-76	
				12. Pumping level below land surfaces: 120 ft. after 4 hrs. pumping 2200 g.p.m. ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2800 g.p.m.	
				13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: Pitless adapter 12 Inches above grade	
				15. Well grouted? Yes With: Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete _____ Depth: From 0 ft. to 10 ft. MHC	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				17. Pump: <input checked="" type="checkbox"/> 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 _____	
				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. High Plains Drilling & Supply, Inc 136 Business name License No. _____ Address 402 N 3rd, Garden City, Ks Signed BUD Johnson Date 5-5-76 Authorized representative	
18. Elevation:	19. Remarks: (Use a second sheet if needed)				
Topography: Hill _____ Slope _____ Upland _____ <input checked="" type="checkbox"/> Valley					

T 24 S 36 E 34 NW SW 1/4 1/4 1/4

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

Form WWC-5