

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

1 Location of well:	County Pratt	Township name	Fraction SW 1/2	Section number 17	Town number 26	Range number 12																																	
Distance and direction from nearest town or city: 1N 5 1/2 W Preston				3 Owner of well: G.L. Trimpe																																			
Street address of well location if in city:				Address: Preston, Ks. 67569																																			
Locate with "X" in section below:		Sketch map:		4 Well depth: 67 ft. Date of completion 1-15 Well diameter 8 in. 75																																			
				5 <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 type="checkbox"/> Reverse rotary																																			
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td>soil</td><td>0</td><td>3</td></tr> <tr><td>clay</td><td>3</td><td>32</td></tr> <tr><td>fine sand</td><td>32</td><td>52</td></tr> <tr><td>medium to coarse sand</td><td>52</td><td>66</td></tr> <tr><td>clay</td><td>66</td><td>67</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		2 Type and color of material	From	To	soil	0	3	clay	3	32	fine sand	32	52	medium to coarse sand	52	66	clay	66	67																		7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 67 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
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8 Screen: Manufacturer Peerless Type PVC Dia. 4" Slot/gauze 30 Length 8ft Set between 59 ft. and 67 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																																							
9 Static water level: 30 ft. below land surface Date 7-15																																							
10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.																																							
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																							
12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 20 inches above grade																																							
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 3 ft. to 15 ft.																																							
14 Nearest source of possible contamination: ft. 600 Direction NE Type lot Well disinfected upon completion? <input checked="" 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		17 Water well contractor's certification:																																					
<p>Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley</p> <p><i>well owner well plug old well and run cement slab</i></p>		<p>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.</p> <p>Lyman Bros License No. 140 Business name Address Medicine Lodge 67664 Signed <i>William J. Lyman</i> Date 7-15-55 Authorized representative</p>																																					

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

Form WWC-5