

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 Pratt	Fraction NW 1/4 NW 1/4 SW 1/4	Section number 12	Township number T 26 S R 14	Range number 14
2. Distance and direction from nearest town or city: 3 mi. East of Byers, KS Street address of well location if in city:				3. Owner of well: Bob L. Moore R.R. or street: Route 1 City, state, zip code: Iuka, KS 67066		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>8-6-76</u> Well depth <u>65</u> ft.		
				7. <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		
5. Type and color of material				From	To	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
Top soil				0	4	9. Casing: Material <u>Styrene</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>1.5</u> lbs./ft. Dia. <u>5</u> in. to <u>55</u> ft. depth; Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <u>XXX200#</u>
Brown & gray clay				4	28	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>Styrene 200</u> Dia. <u>5"</u> Slot/gauge <u>1/8</u> Length <u>10'</u> Set between <u>55</u> ft. and <u>65</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>
Sand				28	30	11. Static water level: <input type="checkbox"/> mo./day/yr. <u>15 1/2</u> ft. below land surface Date <u>8-5-76</u>
Brown clay & limestone				30	49	12. Pumping level below land surfaces: <u>N/C</u> <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.
Sand & fine gravel				49	55	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>
Sand & gravel				55	65	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 <u>NONE KNOWN</u> source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Berkeley Pump Co.</u> Model number <u>4BL-12</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>42</u> ft. capacity <u>15</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> 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. <u>Clarke Well & Eq., Inc.</u> <u>185</u> Business name <u>Great Bend, KS</u> License No. <u> </u> Address <u> </u> Signed <u> </u> Date <u>8-18-76</u> Authorized representative
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

26 14 12 NW SW
 Sec 12
 R 14
 T 26

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

Form WWC-5