

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: 1/4 1/4 CSW 1/4 | Section number: 35 | Township number: T 26 S R | Range number: 15 E |
| 2. Distance and direction from nearest town or city: 7 1/2 miles Southwest of Byers, KS Street address of well location if in city: | | | 3. Owner of well: Ivan Stotts R.R. or street: City, state, zip code: Byers, KS 67021 | | |
| 4. Locate with "X" in section below: N W E S 1 Mile 1 Mile | | Sketch map: | | 6. Bore hole dia. 2 1/2 in. Completion date 2-16-77 Well depth 137 ft. | |
| 5. Type and color of material | | From | To | 7. <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 checked="" type="checkbox"/> Reverse rotary | |
| top soil & sand | | 0 | 12 | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 | |
| sandy clay & sand streaks | | 12 | 58 | 9. Casing: Material steel Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 30.3 lbs./ft. Dia. 16 in. to 75 ft. depth Wall Thickness: inches or Dia. 16 in. to 105 ft. depth gage No. 7 ga. | |
| gray clay & limestone | | 58 | 68 | 10. Screen: Manufacturer's name Doerr Type Double-slot Dia. 16" Slot gauge 1/8 Length 52' Set between 75 ft. and 95 ft. 105 ft. and 137 ft. Gravel pack? yes Size range of material 3/8-200 | |
| sand & gravel | | 68 | 87 | 11. Static water level: _____ mo./day/yr. 29' ft. below land surface Date 2-4-77 | |
| yellow clay | | 87 | 90 | 12. Pumping level below land surfaces: N/C _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. | |
| sand & gravel | | 90 | 95 | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | |
| brown clay & limestone | | 95 | 105 | 14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade | |
| sand & gravel & clay streaks @ 122' | | 105 | 136 | 15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft. | |
| brown clay | | 136 | 137 | 16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | | | 17. Pump: _____ Not installed Manufacturer's name Peerless Pump Model number 12LB33 HP 80 Volts --- Length of drop pipe 70 ft. capacity 900 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | 19. Remarks: | | 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. Clarke Well & Equip., Inc. 185 Business name _____ License No. _____ Address Great Bend, KS, 67530 Signed D.W. Clarke Date 2-22-77 Authorized representative | |

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

Form WWC-5