

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 <i>Lincoln</i>	Fraction <i>SW 1/4 NE 1/4 NE 1/4</i>	Section number <i>25</i>	Township number T <i>27</i> S R <i>18</i> E/W	Range number
2. Distance and direction from nearest town or city: <i>1 E 4 N 1 3/4 E. South into field from Shesburg, KS.</i>			3. Owner of well: <i>Del. Hubson</i> R.R. or street: <i>RR #2</i> City, state, zip code: <i>Stafford, KS 67578</i>			
4. Locate with "X" in section below			Sketch map:		6. Bore hole dia. <i>2 1/2</i> in. Completion date Well depth <i>138</i> ft. <i>7-25-77</i>	
					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 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	
<i>Sandy top soil</i>			<i>0</i>	<i>3</i>	9. Casing: Material <i>Steel</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>2 1/2</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <i>1 1/2</i> in. to <i>1 3/8</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>7</i>	
<i>Black clay</i>			<i>3</i>	<i>7</i>	10. Screen: Manufacturer's name Type <i>Steel</i> Dia. Slot <i>3/16</i> Length <i>60</i> Set between <i>78</i> ft. and <i>138</i> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>2 3/8 3/4</i>	
<i>Gray clay</i>			<i>7</i>	<i>21</i>	11. Static water level: <i>29</i> ft. below land surface Date <i>12-28-77</i>	
<i>Sand & gravel</i>			<i>21</i>	<i>93</i>	12. Pumping level below land surfaces: <i>40</i> ft. after <i>1</i> hrs. pumping <i>600</i> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <i>1400</i> g.p.m.	
<i>Brown clay</i>			<i>93</i>	<i>103</i>	13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>12-28-77</i>	
<i>Sand and gravel</i>			<i>103</i>	<i>118</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
<i>Brown clay</i>			<i>118</i>	<i>121</i>	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
<i>Sand & gravel</i>			<i>121</i>	<i>129</i>	16. Nearest source of possible contamination: ft. <i>1m</i> Direction <i>NW</i> Type <i>gas plant</i> Well disinfected upon completion? <i>HTA</i> Yes <input type="checkbox"/> No	
<i>Brown clay</i>			<i>129</i>	<i>135</i>	17. Pump: Not installed Manufacturer's name <i>W.L.R.</i> Model number <i>4100H</i> HP <i>60</i> Volts Length of drop pipe <i>70</i> ft. capacity <i>800</i> 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	
<i>Sand & gravel</i>			<i>135</i>	<i>138</i>		
<i>Yellow brown clay</i>			<i>138</i>	<i>158</i>		
(Use a second sheet if needed)						
18. Elevation:		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. <i>Francis Peris 134</i> Business name <i>Checkland, KS 67520</i> License No. Address <i>Checkland, KS 67520</i> Signed <i>Francis Peris</i> Date <i>8/17/77</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 27
 R 18
 E 25
 Sec 25
 SW NE
 NE

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

Form WWC-5