

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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 <u>FORD</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section number <u>32</u>	Township number T <u>28</u> S	Range number R <u>21</u> E <u>W</u>
2. Distance and direction from nearest town or city: <u>1/8 mi. North</u> Street address of well location if in city: <u>Bucklin City</u>			3. Owner of well: <u>MC ESTES SR.</u> R.R. or street: City, state, zip code: <u>Bucklin KS 67834</u>			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <u>BARN</u> <u>150'</u> <u>House</u> <u>Drainage</u>		6. Bore hole dia. <u>7 1/4</u> in. Completion date <u>8-2-76</u> Well depth <u>120</u> ft.		
				7. <input checked="" 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		
				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		
				9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>10</u> ft. depth Wall Thickness: inches or Dia. <u>4</u> in. to <u>120</u> ft. depth gage No. <u>231</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>BRAN SAVED - Peerless Plastic</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>100</u> ft. and <u>120</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 - 60/100 fine</u>		
<u>TOP SOIL</u>		<u>0</u>	<u>5</u>	11. Static water level: <u>90</u> ft. below land surface Date <u>8-2-76</u>		
<u>CLAY</u>		<u>5</u>	<u>55</u>	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>2-5</u> g.p.m.		
<u>SOME SAND &amp; SUDGY CLAY</u>		<u>55</u>	<u>80</u>	13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
<u>SAND - SOME GRAVEL &amp; CLAY</u>		<u>80</u>	<u>120</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter ____ inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> 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 source of possible contamination: ft. <u>150</u> Direction <u>WEST</u> Type <u>SEPTIC</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: Not installed Manufacturer's name <u>Gould's Pump</u> Model number <u>EM 13</u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>100</u> ft. capacity <u>5</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		
				(Use a second sheet if needed)		
18. Elevation: Topography: ____ Hill ____ Slope ____ Upland ____ Valley		19. Remarks: <u>BARN IS NOT IN USE NO CONTAMINATION</u> <u>FROM BARN 72nd.</u>		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>BRAN DRILLING</u> <u>217</u> Business name <u>BUCKLIN KA.</u> License No. Address <u>BUCKLIN</u> Signed <u>RWB</u> Date <u>8-27</u> Authorized representative		

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

Form WWC-5