

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 <u>Barber</u>	Fraction <u>NW 1/4 NE 1/4 NE 1/4</u>	Section number <u>4</u>	Township number T <u>30</u> S R <u>13W</u> E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <u>Search Drilling</u> R.R. or street: City, state, zip code: <u>Wichita Ks</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date Well depth <u>120</u> ft. <u>26 Nov 77</u>		
				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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Soil		0	2	9. Casing: Material _____ Height: <u>above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.258</u>		
Caliche		2	13	10. Screen: Manufacturer's name <u>Perless</u> Type <u>saw slot</u> Dia. <u>5'</u> Slot/gauze <u>1/8</u> Length <u>20'</u> Set between <u>100</u> ft. and <u>120</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 X 1/4</u>		
Sand, coarse to very coarse		13	39	11. Static water level: _____ mo./day/yr. <u>82</u> ft. below land surface Date <u>26 Nov 77</u>		
Clay, tan		39	60	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
Sand, fine to coarse and med. gravel		60	80	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sand, coarse to very coarse sand and gravel		80	98	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Clay, tan		98	101	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.		
Sand, med. to coarse and gravel		101	120	16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>NWES</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Clay, tan and white with few sand streaks		120	158	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		
Shale, red		158	165	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>Central Well & Pump Svc, 325</u> Business name License No. Address <u>121 S. Taylor Pratt, Ks.</u> Signed <u>[Signature]</u> Date <u>27 July 78</u> Authorized representative		
18. Elevation:		19. Remarks:		(Use a second sheet if needed)		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 30 S R 13W E/W
 Sec 4
 NW NE NE
 1/4 1/4 1/4

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

Form WWC-5