

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 <b>Barber</b>	Fraction <b>X</b> SW 1/4 SW 1/4 NW 1/4	Section number <b>8</b>	Township number T <b>30</b>	Range number S <b>14</b> E <b>W</b>
2. Distance and direction from nearest town or city: <b>5 1/2 miles NE of Sun City, KS.</b> Street address of well location if in city:				3. Owner of well: <b>Virgil Smith</b> R.R. or street: City, state, zip code: <b>Coats, KS 67028</b>		
4. Locate with "X" in section below: <div style="text-align: center;"> </div> Sketch map:				6. Bore hole dia. <b>9</b> in. Completion date <b>11-8-77</b> Well depth <b>112</b> ft.		
5. Type and color of material				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		
				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 <b>Styrene</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>1.5</b> lbs./ft. Dia. <b>5</b> in. to <b>100</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>200#</b>		
				10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>Styrene 200</b> Dia. <b>5"</b> Slot/gauze <b>1/8</b> Length <b>12'</b> Set between <b>100</b> ft. and <b>112</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <b>yes</b> Size range of material <b>3/8-200</b>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>87</b> ft. below land surface Date <b>11 / 8 / 77</b>		
(Use a second sheet if needed)				12. Pumping level below land surfaces: <b>NC</b> <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.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <b>FIELD</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Berkeley</b> Model number <b>4BL-15</b> HP <b>1</b> Volts <b>230V</b> Length of drop pipe <b>101</b> ft. capacity <b>15</b> 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. <b>Clarke Well &amp; Equip., INC. 185</b> Business name <b>Great Bend, KS 67530</b> License No. <b>11/16/77</b> Address <b>D.W. Clarke</b> Signed <b>D.W. Clarke</b> Date <b>11/16/77</b> Authorized representative		
				18. Elevation:		
				19. Remarks:		
				Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		

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

Form WWC-5