

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 Barber	Fraction SE 1/4 NE 1/4 SE 1/4	Section number 16	Township number T 30 S	Range number R 14 (W)
2. Distance and direction from nearest town or city: 3 mi N & 4 mi E 3 mi N & 4 mi E of Sun City, KS Street address of well location if in city:			3. Owner of well: Jack Durall R.R. or street: (?) City, state, zip code: Coats, KS 67028		
4. Locate with "X" in section below: Sketch map: <div style="text-align:center;"> </div>		6. Bore hole dia. <u>9</u> in. Completion date <u>6-1-76</u> Well depth <u>150</u> ft.			
5. Type and color of material		From		To	
		Top soil		0 2	
Brown clay & limestone		2		19	
Sand & gravel		19		31	
Gray & brown clay		31		45	
Sand & gravel		45		54	
Brown & gray clay & limestone		54		72	
Sand, gravel & clay streaks		72		84	
Brown clay & limestone		84		108	
Red clay & sandstone streaks		108		138	
Red clay		138		150	
(Use a second sheet if needed)		10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>Styrene 200</u> Dia. <u>5"</u> Gauge <u>1/8</u> Length <u>75'</u> Set between <u>75</u> ft. and <u>150</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>			
		11. Static water level: <u>NOT CHECKED</u> mo./day/yr. ft. below land surface Date _____			
18. Elevation:		12. Pumping level below land surfaces: <u>N/C</u> ft. after _____ hrs. pumping _____ g.p.m. ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
		13. Water sample submitted: _____ mo./day/yr. Yes <u>X</u> No _____ Date _____			
19. Remarks:		14. Well head completion: Pitless adapter <u>12</u> inches above grade			
		15. Well grouted? <u>Yes</u> With: <u>X</u> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.			
Topography: ____ Hill ____ Slope ____ Upland ____ Valley		16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <u>X</u> Yes _____ No _____			
		17. Pump: _____ Not installed Manufacturer's name <u>Berkeley Pump Co.</u> Model number <u>4AM-11</u> HP <u>3</u> Volts <u>230</u> Length of drop pipe <u>42</u> ft. capacity <u>10</u> g.p.m. Type: <u>X</u> Submersible _____ Turbine ____ Jet _____ Reciprocating ____ Centrifugal _____ 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. <u>Clarke Well & Eq., Inc.</u> <u>185</u> Business name License No. Address <u>Great Bend, KS</u> Signed <u>J. W. Clarke</u> Date <u>6-22-</u> Authorized representative			

30
14
16
SE
1/4
1/4
1/4

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

Form WWC-5