

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 SW 1/4 SW 1/4	Section number 35	Township number T 30 S R 15	Range number EW
2. Distance and direction from nearest town or city: Street address of well location if in city: IN IS Sun City			3. Owner of well: Hoagland & Leffner R.R. or street: Sun City, Ks City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date 2-14-77 Well dept <u>32</u> ft.	
5. Type and color of material		From		To	
		soil		0 3	
		fine sand		3 12	
		med to coarse sand		12 17	
		mud		17 32	
				7. 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 _____ Height: Above or below Threaded _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>32</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>300 0.73</u>	
				10. Screen: Manufacturer's name _____ Type <u>Fearless</u> Dia. <u>4</u> Slot/gauze <u>0.35</u> Length <u>5</u> Set between <u>15</u> ft. and <u>20</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 dn</u>	
				11. Static water level: _____ mo./day/yr. <u>12</u> ft. below land surface Date 2-14-77	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>12</u> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <input 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>3</u> ft. to <u>14</u> ft.	
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>W</u> Type <u>Septic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				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	
				(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>Lyman</u> <u>ros</u> <u>140</u> Business name License No. Address _____ Signed <u>William W Lyman</u> Date <u>2-22</u> Authorized representative		

T
R
Sec
1/4
1/4 N 1/4
30 W 35 SE S 1/4 SW

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

Form WWC-5