

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

TURKEY CREEK

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

ACC

1. Location of well:		County: <u>Clark</u>	Section number: <u>10</u>	Township number: <u>T 30 S</u>	Range number: <u>R 3021 W</u>
2. Distance and direction from nearest town or city: <u>9 MILES SOUTH - 2 EAST - 1/2 SOUTH</u> Street address of well location if in city: <u>OF BUCKLIN, KA.</u>			3. Owner of well: <u>Bob McCollum</u> R.R. or street: <u>Bucklin, Kansas</u> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <u>Bucklin</u> <u>K 24</u> <u>2 MI.</u> <u>#10 WELL</u>		Bore hole dia. <u>28</u> in. Completion date <u>4-76</u> Well depth <u>178</u> ft.	
5. Type and color of material		From	To	7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary	
Top Soil & Sand		0	25	8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Sandy Clay		25	60	9. Casing: Material <u>Iron</u> Height: Above or below <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>34</u> lbs./ft. Dia. <u>1 1/2</u> in. to <u>1 7/8</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>188</u>	
Sand & Gravel		60	178	10. Screen: Manufacturer's name <u>Doern's</u> <u>METAL PRODUCTS</u> Type <u>Iron</u> Dia. <u>1 1/4"</u> Slot/gauze <u>3/16"</u> Length <u>160</u> Set between <u>118</u> ft. and <u>178</u> ft. ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 by 5/8</u>	
Shale			<u>178</u>	11. Static water level: <u>40</u> mo./day/yr. <u>40</u> ft. below land surface Date <u>7-76</u>	
				12. Pumping level below land surfaces: <u>120</u> ft. after <u>2</u> hrs. pumping <u>1300</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>1600</u> g.p.m.	
				13. Water sample submitted: <u>NONE</u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date	
				14. Well head completion: <u>7-76</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
				15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Mortar <input checked="" type="checkbox"/> <u>Concrete</u> Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: <u>None</u> ft. Direction Type Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: <u>Fairbanks</u> Not installed Manufacturer's name <u>Fairbanks-Morse</u> Model number <u>7000</u> HP <u> </u> Volts <u> </u> Length of drop pipe <u>160</u> ft. capacity <u>900</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation:		19. Remarks: <u>WELL WAS DRILLED ON SLOPE.</u> <u>TOPO</u> <u>2330</u> <u>178</u> <u>2152</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>Albert W. Brown</u> <u>217</u> Business name <u> </u> License No. <u> </u> Address <u>Box 56 Bucklin 6-24-76</u> Signed <u>Albert W. Brown</u> Date <u>6-27-76</u> Authorized representative	

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

Form WWC-5

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