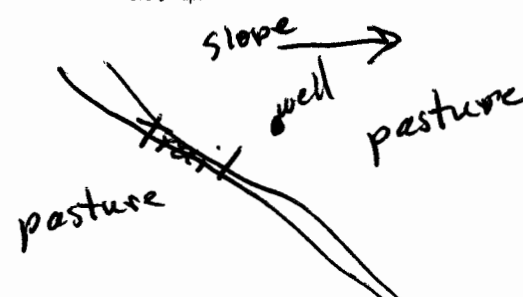


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Clark</u>		Fraction <u>SW 1/4 SE 1/4 NE 1/4</u>		Section number <u>33</u>		Township number T <u>30</u> S R <u>22</u> E/W <u>(W)</u>		Range number	
2. Distance and direction from nearest town or city: <u>8 S 2 E 1/2 S</u>				3. Owner of well: <u>Cameron Beckerdite</u>					
Street address of well location if in city: <u>Franklin Road Ks</u>				R.R. or street: _____ City, state, zip code: <u>Kingsdown Kans 67858</u>					
4. Locate with "X" in section below: N NW NE SW SE S 1 Mile				Sketch map: 				6. Bore hole dia. <u>8 3/4</u> in. Completion date _____ Well depth <u>209</u> ft. <u>6-1-81</u>	
5. Type and color of material				From		To		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	
				Tap soil		0		10	
Sand rock				10		35		9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>209</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>40sch</u>	
Blue clay				35		170		10. Screen: Manufacturer's name _____ <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>5/16</u> Length <u>40</u> Set between <u>169</u> ft. and <u>209</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/4-3/16</u>	
Red clay				170		209		11. Static water level: _____ mo./day/yr. <u>170</u> ft. below land surface Date <u>6/1/81</u>	
								12. Pumping level below land surfaces: <u>205</u> ft. after <u>29</u> hrs. pumping <u>2</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.	
								13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
								14. Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade	
								15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>15</u> ft. to <u>0</u> ft.	
								16. Nearest source of possible contamination: ft. <u>5000</u> Direction <u>W</u> Type <u>Creek</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: <u>Windmill</u> <input 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 checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(Use a second sheet if needed)									
18. Elevation:		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>Beard By 101A</u> Business name _____ License No. _____ Address <u>Franklin Rd</u> Signed <u>Kate Beard</u> Date <u>6-22-81</u> Authorized representative					
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley									

30 22 W 33 SE NE 1/4 1/4 1/4

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

Form WWC-5