

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well: County BARBER Township name Medicine Lodge SW 1/4 Section number 27 Town number 31 Range number 11 N	
Distance and direction from nearest town or city: 3 miles East 2 miles north of Medicine Lodge	
3 Owner of well: Dennis Cally Address: R1 Medicine Lodge, Kansas 67104	
4 Well depth: 30 ft. Date of completion 12076 Well diameter 8 in.	
5 <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	
6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> HOUSE WELL	
7 Casing: Material Pvc Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. 5 in. Weight 160 lbs./ft. 100 5 in. to 30 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8 Screen: Manufacturer Jess & Lowell Type Pvc Dia. 5 Slot/gauze 1/16 Length 20 between 20 ft. and 30 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4	
9 Static water level: 15 ft. below land surface Date 12076	
10 Pumping level below land surfaces: NA ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield ___ g.p.m.	
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date 12076	
12 Well head completion: NA casing 24" <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 1 ft. to 10 ft.	
14 Nearest source of possible contamination: ft. 150 Direction SE Type septic TANK Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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	
16 Remarks: elevation Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
17 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. WEBER Well Service 226 Business name License No. _____ Address: Deerfield, Kansas Signed: Donald Weber Date 12076 Authorized representative	

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

31 1102 27 SW 1/4 S02