

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 NW 1/4 & 1/4 SE 1/4	Section number 5	Township number T 31 S R 12W E/W	Range number
X Distance and direction from nearest town or city: 3W & 3/4 N of Street address of well location if in city: Medicine Lodge		3. Owner of well: Charles Clark R.R. or street: City, state, zip code: Medicine Lodge, Ks		6. Bore hole dia. 30 in. Completion date _____ Well depth 35 ft. 6 Aug 78		
4. Locate with "X" in section below: INTERSECTION OF 160 & 281 HIGHWAYS AT MEDICINE LODGE Ks				7. Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored <input checked="" type="checkbox"/> Reverse rotary		
5. Type and color of material		From	To	8. Use: ___ Domestic ___ Public supply ___ Industry <input checked="" type="checkbox"/> Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other		
Soil		0	2	9. Casing: Material 5TL Height <u>Above</u> or below Threaded ___ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP ___ PVC ___ Weight 31.7 lbs./ft. Dia. 1 1/2 in. to 15 ft. depth; Wall Thickness: inches or Dia. ___ in. to ___ ft. depth; gage No. 188		
Sand, fine		2	7	10. Screen: Manufacturer's name WA Brown Type Jewelers Dia. 1 1/2" Slot/gauze 1/8 Length 20' Set between 15 ft. and 35 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 x 1/2		
Sand, fine to coarse and medium gravel, medium loose?			31	11. Static water level: _____ mo./day/yr. 9.5 ft. below land surface Date 6 Aug 78		
Sand, fine to coarse and medium gravel, silty with clay		31	40	12. Pumping level below land surfaces: 25 ft. after 1 1/2 hrs. pumping 200 g.p.m. ____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 200 g.p.m.		
Sand, fine to coarse and medium gravel, loose		40	59	13. Water sample submitted: _____ mo./day/yr. ___ Yes <input checked="" type="checkbox"/> No Date _____		
Shale, red		59	63	14. Well head completion: ___ Pitless adapter 12 Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: ___ Neat cement <input checked="" type="checkbox"/> Bentonite ___ Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: septic ft. 1400 Direction NW Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ___ No		
				17. Pump: ___ Not installed Manufacturer's name Simmons Model number _____ HP 20 Volts _____ Length of drop pipe 30 ft. capacity 200 g.p.m. Type: ___ Submersible <input checked="" type="checkbox"/> Turbine ___ Jet ___ Reciprocating ___ Centrifugal ___ Other		
		(Use a second sheet if needed)		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. Central Well & Pump 325 Business name _____ License No. _____ Address 121 S Taylor Pratt Signed John Homel Date 20 July 78 Authorized representative		
18. Elevation:		19. Remarks: 3' x 3' x 8" slab at surface		20. Water well contractor's certification: (continued)		
Topography: ___ Hill ___ Slope ___ Upland <input checked="" type="checkbox"/> Valley						

T 31 R 12W S 5 NW SE SE 1/4 1/4 1/4

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

Form WWC-5