

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 SE 1/4 SE 1/4 Section number 25 Township number T 31 S R 13 W E/W Range number	
2. Distance and direction from nearest town or city: SW 1/4 3 N OF 3. Owner of well: DALE CLARK Street address of well location if in city: MEDICINE LODGE, KS R.R. or street: City, state, zip code: MEDICINE LODGE, KS	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> <div> <p>X WELL</p> <p>↓ ↓ ↓</p> <p>DRAINAGE</p> </div> </div>	
5. Type and color of material	
6. Bore hole dia. 30 in. Completion date 10 JULY 79 Well depth 60 ft.	
7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary	
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 SLT Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 32.7 lbs./ft. Dia. 1 1/2 in. to 1 1/2 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 188	
10. Screen: Manufacturer's name W. A. BROWN Type FREELO Dia. 16" Slot/gauze 1/8 Length 40' Set between 20 ft. and 60 ft. ft. and ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 X 3/4	
11. Static water level: mo./day/yr. 7 ft. below land surface Date 10 JULY 79	
12. Pumping level below land surfaces: 17 ft. after 1 hrs. pumping 300 g.p.m. 26 ft. after 1 hrs. pumping 556 g.p.m. Estimated maximum yield _____ 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 12 Inches above grade	
15. Well grouted? YES With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
16. Nearest source of possible contamination: ft. _____ Direction _____ Type NONE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name SIMMONS Model number SP10 HP 20 Volts 480 Length of drop pipe 40 ft. capacity 300 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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: 3' X 3' X 8" slab poured at surface
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 1221 N. MAIN TRATT Signed W. Horanich Date AUG 79 Authorized representative	

T 31 R 13 W E 25 Sec 1/4 1/4 1/4

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

Form WWC-5