

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

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

WATER WELL RECORD
KSA 82a-1201-1215

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

<input checked="" type="checkbox"/> Location of well: County BARBER Township name _____ Fraction NW1/4NW1/4 Section number 27 Town number 315 Range number 13W																								
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: 1/2 mile on Lake City Road 3/4 mile 3 1/2 N		3 Owner of well: John Smith Address: MLR1																						
Locate with "X" in section below: 		4 Well depth: 59 ft. Date of completion 2-11-76 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 type="checkbox"/> _____ 7 Casing: Material PRC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 15 in. Diam. _____ Weight 162 lbs./ft. _____ 4 in. to 59 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth																						
2 Type and color of material		8 Screen: Manufacturer Peerless Type PRC Dia. 4" Slot/gauze 0.35 Length 5' Set between 5' and 59' Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																						
<table border="1"> <thead> <tr> <th>Type and color of material</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>soil</td> <td>0</td> <td>3</td> </tr> <tr> <td>Clay</td> <td>3</td> <td>20</td> </tr> <tr> <td>SILTY SAND</td> <td>20</td> <td>27</td> </tr> <tr> <td>Clay</td> <td>27</td> <td>54</td> </tr> <tr> <td>COARSE SAND</td> <td>54</td> <td>58</td> </tr> <tr> <td>Red shale</td> <td>58</td> <td>59</td> </tr> </tbody> </table>		Type and color of material	From	To	soil	0	3	Clay	3	20	SILTY SAND	20	27	Clay	27	54	COARSE SAND	54	58	Red shale	58	59	9 Static water level: 34 ft. below land surface Date 2-11-76 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 25 g.p.m. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 12 Well head completion: NA <input type="checkbox"/> Pitless adapter <input 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 3 ft. to 15 ft. 14 Nearest source of possible contamination: ft. 150 Direction N Type SALT 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.p.m. 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	
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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. LYMAN BRIS 140 Business name _____ License No. _____ Address ML Signed W.A. Lyman Date 2-11-76 Authorized representative																						

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

Form WWC-5

01 13W 27 NW1/4