

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 NE NE 1/4 NE 1/4	Section number 14	Township number T 32 31 S	Range number R 14 E/W																		
2. Distance and direction from nearest town or city: Street address of well location if in city: Lake City				3. Owner of well: Harold Caaborn R.R. or street: Lake City, Ks. City, state, zip code:																				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date 1-31-77 Well depth 43 ft.																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>5. 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>19</td> </tr> <tr> <td>fine sand</td> <td>19</td> <td>24</td> </tr> <tr> <td>med clean sand</td> <td>24</td> <td>31</td> </tr> <tr> <td>fine sand</td> <td>31</td> <td>43</td> </tr> </tbody> </table>		5. Type and color of material	From	To	soil	0	3	clay	3	19	fine sand	19	24	med clean sand	24	31	fine sand	31	43	7. <input checked="" type="checkbox"/> Cable tool 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		
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soil	0	3																						
clay	3	19																						
fine sand	19	24																						
med clean sand	24	31																						
fine sand	31	43																						
8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 20" galv RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 43 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 0.173																					
(Use a second sheet if needed)				10. Screen: Manufacturer's name Fearless Type PVC Dia. 4 Slot/gauze 0.35 Length 5 Set between 28 ft. and 33 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8 in																				
				11. Static water level: _____ mo./day/yr. 12 ft. below land surface Date 1-31-77																				
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.m.																				
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																				
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade																				
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3-15 to _____ ft.																				
				16. Nearest source of possible contamination: ft. 65 Direction S Type Septic tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
				17. 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																				
				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. Lyman Bros 140 License No. Business name _____ Address M1 Signed <i>[Signature]</i> Date 2-22-77 Authorized representative																				
				18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:																			

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

Form WWC-5