

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

LXINGTON

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

DDD

X Location of well: Clark		Fraction: SE 1/4 SE 1/4 SE 1/4	Section number: 34	Township number: T 31 S	Range number: R 21 E/W
X Distance and direction from nearest town or city: 4 miles WEST		Owner of well: WILLIS HALDEN			
Street address of well location if in city: 7 1/2 North Patent NORTH		City, state, zip code: HSIHLID, KS			
4. Locate with "X" in section below:		Sketch map: in Pasture		6. Bore hole dia. 1 3/4" Completion date 11/3/77 Well depth 93 ft.	
		4 East 7 1/2 North Protection		7. <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	
5. Type and color of material		From		To	
top soil - Clay - Red clay		0		78	
Sand Rock		78		73	
Red Bed		93			
				11. Static water level: 48 ft. below land surface Date 11-3-77	
				12. Pumping level below land surfaces: 90 ft. after 1 hrs. pumping 5 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 5 g.p.m.	
				13. Water sample submitted: 78 mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date	
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 Inches above grade	
				15. Well grouted? YES With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
				16. Nearest source of possible contamination: None ft. None Direction None Type None	
				Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: Not installed Manufacturer's name Goold Mfg Model number ____ HP 1/2 Volts 230 Length of drop pipe ____ ft. capacity ____ 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	
18. Elevation:		19. Remarks:		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.	
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		2023 78 1945		Business name: Don Halley License No. 217 Address: Bucklin Kan Signed: Albert W. Brown Date: 1-17-78 Authorized representative	

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

Form WWC-5