

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 Clark	Fraction Center NENE 1/4	Section number 24	Township number T 31 S R	Range number 22 EW
2. Distance and direction from nearest town or city: 1 1/2 North Sitka West			3. Owner of well: N. Giles R.R. or street: City, state, zip code: Bucklin, Kansas 67834		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date 5/26/81 Well depth <u>70</u> ft.	
				7. <input checked="" 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	
				8. Use: <input 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material				9. Casing: Material <u>PVC</u> Height: <u>Above or below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>14</u> in. RMP <input type="checkbox"/> PVC <u>glued</u> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>10</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>0258</u>	
		From To		10. Screen: Manufacturer's name <u>Peerless</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>60</u> Set between <u>10</u> ft. and <u>70</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/8</u>	
Overburden		0 12		11. Static water level: <input type="checkbox"/> mo./day/yr. <u>12</u> ft. below land surface Date 5/26/81	
Coarse sand & gravel		12 45		12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>50</u> g.p.m.	
Red bed		45 70		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>14</u> inches above grade	
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
				16. Nearest source of possible contamination: <u>None</u> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Goulds</u> Model number <u>KTMB50</u> HP <u>5</u> Volts <u>230</u> Length of drop pipe <u>52</u> ft. capacity <u>50</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input 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:	19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	16. Well drilled in middle of field-no source of contamination. 17. Pump was used for 15 days then pulled-well was capped.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. T & W Water Well Service 142 Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address Box 816 Liberal, Kansas 67901 Signed <u>Chas. W. Marshall</u> Date 6/1/81 Authorized representative		

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

Form WWC-5