

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 <u>Seward</u>	Fraction <u>NW 1/4 NW 1/4 SE 1/4</u>	Section number <u>29</u>	Township number T <u>31</u> S R	Range number R <u>34</u> 30
2. Distance and direction from nearest town or city: <u>9E + N of</u> Street address of well location if in city: <u>Moscow, Ka</u>			3. Owner of well: <u>Rance Lakey</u> R.R. or street: <u>R.R.</u> City, state, zip code: <u>Moscow, Ka 67952</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date <u>4-23-79</u> Well depth <u>300</u> ft.		
				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	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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<u>Caliche Tan w/white nodduels hard</u>		<u>0</u>	<u>9</u>	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>24"</u> in. RMP _____ PVC <u>80</u> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>300</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>258-320</u>		
<u>Gravel fine w/sand coarse(tan)</u>		<u>9</u>	<u>24</u>	10. Screen: Manufacturer's name <u>Slocum</u> Type <u>saw cut</u> Dia. <u>5"</u> Slot/gauze <u>1/4"</u> Length <u>40'</u> Set between <u>240</u> ft. and <u>260</u> ft. <u>280</u> ft. and <u>300</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4"</u>		
<u>Sand fine (gray)</u>		<u>24</u>	<u>40</u>	11. Static water level: _____ mo./day/yr. <u>129</u> ft. below land surface Date <u>4-23-79</u>		
<u>" coarse w/gravel coarse (brown)</u>		<u>40</u>	<u>260</u>	12. Pumping level below land surfaces: <u>130</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
<u>Clay silts (tan)</u>		<u>260</u>	<u>288</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
<u>Sand medium fine to coarse w/sand</u>		<u>288</u>		14. Well head completion: <u>Casing</u> <input type="checkbox"/> Pitless adapter <u>24"</u> inches above grade		
<u>Clays</u>			<u>300</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				17. Pump: _____ Not installed Manufacturer's name <u>Reda</u> Model number <u>10DIP</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>160</u> ft. capacity <u>20</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		
				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. <u>Slocum Drilling 127</u> Business name _____ License No. _____ Address <u>HUGOTON Ka 67951</u> Signed <u>Paul Slocum</u> Date <u>6-12</u> Authorized representative		
18. Elevation:		(Use a second sheet if needed)		19. Remarks:		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 31
 R 34
 SE
 29
 NW
 1/4 NW
 1/4 SE

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

Form WWC-5