

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 SE 1/4 SE 1/4 SW 1/4	Section number 21	Township number T 32 S R 10 E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Jerry LeClair R.R. or street: City, state, zip code: Sharon, Ka.		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. 8 in. Completion date 8-22-77 Well depth 30 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 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		
5. Type and color of material			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ In. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 30 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 258		
			10. Screen: Manufacturer's name _____ Type pvc Dia. 5 Slot/gauze 0.30 Length 5 Set between 25 ft. and 30 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____		
			11. Static water level: _____ no./day/yr. 6 ft. below land surface Date 6-20-78		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m.		
			13. Water sample submitted: _____ no./day/yr. Yes _____ No <input checked="" type="checkbox"/> Date _____		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 15 inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth From 4 ft. to 15 ft.		
			16. Nearest source of possible contamination: ft. 100 Direction S Type lot Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
			17. Pump: _____ Not installed Manufacturer's name Jacuzzi Model number 5S4B HP 1/2 Volts 115 Length of drop pipe 21 ft. capacity 10 g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other		
18. Elevation: Topography: _____ Hill _____ Slope <input checked="" type="checkbox"/> Upland _____ Valley			19. _____ to pour slab		
			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. Lynar Bros 140 Business name _____ License No. _____ Address _____ Signed W. H. Lynar Date 6-20-78 Authorized representative		

32 L O W 21
 RECEIVED
 1/4 1/4 S W

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

Form WWC-5