

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 <b>Barber</b>	X Fraction <b>NE 1/4</b> <b>no/4</b> <b>NW 1/4</b>	Section number <b>2</b>	Township number <b>T 32 S</b>	Range number <b>R 11W E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Mildred Ricke</b> R.R. or street: <b>Medicine lodge Ks. 67104</b> City, state, zip code:		
4. Locate with "X" in section below:			Sketch map:		
5. Type and color of material			6. Bore hole dia. <b>8</b> in. Completion date <b>11-5-1976</b> Well depth <b>32</b> 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		
			9. Casing: Material _____ Weight: <b>above</b> or below Threaded _____ Welded _____ Surface <b>2 1/2</b> in. RMP _____ PVC _____ Weight <b>155</b> lbs./ft. Dia. <b>4</b> in. to <b>32</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>160</b>		
			10. Screen: Manufacturer's name <b>Paerless</b> Type <b>pvc</b> Dia. <b>4</b> Slot/gauze <b>.035</b> Length <b>5</b> Set between <b>20</b> ft. and <b>32</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 in</b>		
			11. Static water level: _____ mo./day/yr. <b>14</b> ft. below land surface Date <b>11-5-76</b>		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>5</b> 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 checked="" type="checkbox"/> Pitless adapter <b>15</b> inches above grade		
			15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.		
			16. Nearest source of possible contamination: ft. <b>300</b> Direction <b>E</b> Type <b>lot</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: Manufacturer's name <b>Jacuzzi</b> <b>1</b> HP <b>230</b> Volts Model number <b>584B</b> Length of drop pipe <b>20</b> ft. capacity <b>5</b> 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	<b>slab will be placed by owner</b>		Business name <b>Jones Bros</b> License No. <b>140</b> Address <b>115</b> Signed <b>W.H. Jones</b> Date <b>11-19-76</b> Authorized representative		

32  
11W  
E  
2  
1/4  
1/4  
NE NE NW

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

Form WWC-5