

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>	Fraction <b>NN 1/4 NW 1/4 SE 1/4</b>	Section number <b>13</b>	Township number <b>T 32 S</b>	Range number <b>R 12 W E/W</b>
2. Distance and direction from nearest town or city: <b>Medician Lodge</b> Street address of well location if in city: <b>1/2 south 1/2 west</b>			3. Owner of well: <b>H-30 Delq</b> R.R. or street: <b>St. Paul, 2007 N. Main</b> City, state, zip code: <b>Wichita KS 67202</b>		
4. Locate with "X" in section below:		Sketch map:			
		<p>6. Bore hole dia. <b>9</b> in. Completion date <b>8-22-78</b>  <input checked="" type="checkbox"/> Well depth <b>45</b> ft.</p> <p>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</p> <p>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</p> <p>9. Casing: Material <input type="checkbox"/> Weight: Above or below          Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.          RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>228-3</b> lbs./ft.          Dia. <b>5</b> in. to <b>45</b> ft. depth Wall Thickness: inches or          Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200.265</b></p>			
5. Type and color of material		From	To		
<b>Clay</b>		<b>0</b>	<b>5</b>		
<b>GRAVEL</b>		<b>5</b>	<b>45</b>		
				10. Screen: Manufacturer's name <b>Beuland</b> <b>Shop made</b>	
				Type <b>Saw</b> Dia. <b>5</b>	
				Slot/gauze <b>1/8</b> Length <b>20</b>	
				Set between <b>45</b> ft. and <b>25</b> ft.	
				Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8</b>	
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>5</b> ft. below land surface Date <b>8-22-78</b>	
				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 <input type="checkbox"/> g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade	
				15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>25</b> ft. to <b>0</b> ft.	
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <b>ground</b>	
				Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed	
				Manufacturer's name <input type="checkbox"/>	
				Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/>	
				Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m.	
				Type: <input 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. <b>Myers Water Well 143</b> Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address <b>St Bend KS</b> Signed <b>Floyd Raymond</b> Date <b>8-22-78</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 32 S  
 R 12 W  
 Sec 13  
 NW 1/4 SE 1/4

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

Form WWC-5