

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>Barber</u> Fraction <u>SE¹/₄ SE¹/₄ NW¹/₄</u> Section number <u>35</u> Township number <u>T 32</u> Range number <u>R 12</u> E <u>10</u>	
2. Distance and direction from nearest town or city: <u>4 1/2 S of Medicine Lodge, Kans. - 1/2 W</u> Street address of well location if in city: _____	
3. Owner of well: <u>Jim McCullough</u> R.R. or street: _____ City, state, zip code: <u>Medicine Lodge Kans. 67104</u>	
4. Locate with "X" in section below: Sketch map: <u>broken grassland.</u>	
<div style="display: flex; align-items: center;"> <div style="text-align: center;"> <p>1 Mile</p> <p>1 Mile</p> </div> <div style="margin-left: 20px;"> <p>6. Bore hole dia. <u>5 1/2</u> in. Completion date <u>2/24/77</u> Well depth <u>43</u> 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other</p> <p>9. Casing: Material <u>plst</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>43</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u></p> </div> </div>	
5. Type and color of material	
	From To
<u>Top soil</u>	<u>0</u> <u>3</u>
<u>Loam - light layers of sand</u>	<u>3</u> <u>20</u>
<u>Sand - gravel - Clay mixture</u>	<u>20</u> <u>35</u>
<u>Clay + gravel</u>	<u>35</u> <u>43</u>
10. Screen: Manufacturer's name <u>JTL</u> <u>OKla. City, OK</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauge <u>1/16</u> Length <u>20</u> Set between <u>20</u> ft. and <u>40</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 - 3/4</u>	
11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>2/24/77</u>	
12. Pumping level below land surfaces: <u>Bailed</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>6</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: _____ <u>Pitless adapter</u> <u>18</u> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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. <u>Leahy & Son</u> <u>141</u> Business name _____ License No. _____ Address <u>132 E. OK. Bldg - Alva, OK</u> Signed _____ Date <u>2/12/77</u> Authorized representative	

32
 12
 35
 SE
 SE
 NW
 1/4
 1/4
 Sec

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

Form WWC-5