

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 NW 1/4	Section number 10	Township number T 32 S R 14 E/W	Range number 14	X
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: R.R. or street: City, state, zip code:			
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. 8 in. Completion date 11-30-77 Well depth 60 ft.			
				7. 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 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			
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 60 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 258			
				10. Screen: Manufacturer's name Pearless			
				Type POS Dia. 5 Slot/gauge _____ Length 45 Set between 15 ft. and 60 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 20-40			
				11. Static water level: 9 ft. below land surface Date 9-22-77 mo./day/yr.			
				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: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
				14. Well head completion: <input checked="" type="checkbox"/> Pileless adapter _____ inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth From 5 ft. to 14 ft.			
				16. Nearest source of possible contamination: ft. _____ Direction East type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				<input checked="" type="checkbox"/> 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:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<p><i>Some ad always</i></p> <p>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. LYMAN BRIS 140 Business name _____ License No. _____ Address MLP Signed W.H. [Signature] Date 8-26-77 Authorized representative</p>					

32 140 10 SE SE NW
 T 32 S R 14 E/W Sec 10

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

Form WWC-5