

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

DDD

1. Location of well:		County <b>Clark</b>	Fraction <b>SE 1/4 S4 1/4 SE 1/4</b>	Section number <b>25</b>	Township number <b>T 32 S</b>	Range number <b>S R 21 W</b>	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1 m. N, 3/4 west of Protection, Ks.</b>			3. Owner of well: <b>Chester Bratcher</b> R.R. or street: <b>Protection, Ks. 67127</b> City, state, zip code:				
4. Locate with "X" in section below: Sketch map: N 1 Mile W E S 1 Mile 			5. Type and color of material		6. Bore hole dia. <b>8.75</b> in. Completion date _____ Well depth <b>52</b> ft. <b>11-12-79</b>		
				7. <input checked="" type="checkbox"/> Cable tool <input 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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <b>RMP</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>13</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>52</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>.250</b>		10. Screen Manufacturer's name <b>Jess &amp; Lowell</b> <b>RMP</b> Type <b>RMP</b> Dia. <b>5</b> Slot/gauze <b>saw</b> Length <b>20</b> Set between <b>32</b> ft. and <b>52</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/16-3/4</b>	
				11. Static water level: _____ mo./day/yr. <b>15</b> ft. below land surface Date <b>11-12-79</b>		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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 type="checkbox"/> Pitless adapter <b>13</b> Inches above grade	
				15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>SE</b> Type <b>farm bldg.</b> Well disinfected upon completion? <input checked="" 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		18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
				19. Remarks: <b>Well is in pasture upslope from bldgs. Customer will put in concrete slab with well house.</b> <b>10' PD</b> <b>1847</b> <b>25</b> <b>1852</b>		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>Wynor Blacksmith Shop 228</b> Business name License No. _____ Address <b>Box 172, Protection, Ks.</b> Signed <b>Kenneth L. Wynor</b> Date <b>11-18</b> Authorized representative	

T 32 S  
 R 21 W  
 Sec 25  
 SE SE SE  
 1/4 1/4 1/4

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

Form WWC-5