

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 Morton	Fraction Center of 1/4 1/4 NW 1/4	Section number 12	Township number T 32	Range number S 43 R 43	E/W
2. Distance and direction from nearest town or city: 19 N. 3/4 W 1/4 S. of Eikhart Street address of well location if in city:			3. Owner of well: U.S. Forest Service R.R. or street: City, state, zip code: Eikhart, KS. 67950			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>180</u> ft. <u>6/16/78</u>	
			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		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	
			9. Casing: Material <u>Plts</u> Height: Above or below Threaded _____ Welded <u>gl</u> Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>		10. Screen: Manufacturer's name <u>Peerless Plastics</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>80</u> Set between <u>100</u> ft. and <u>180</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/8"</u>	
5. Type and color of material			From	To	11. Static water level: _____ mo./day/yr. <u>68</u> ft. below land surface Date <u>6/16/78</u>	
<u>Overburden</u>			<u>0</u>	<u>68</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ <u>5</u> g.p.m.	
<u>Red Clay, Rock + Sand Stone Streaks</u>			<u>68</u>	<u>180</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> Inches above grade	
					15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
					16. Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ 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:	
					19. Remarks: <u>Pasteur Well</u> <u>Pasteur #2</u> <u>#17 Well to be completed later.</u>	
					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>T-W Water Well</u> <u>142</u> Business name License No. Address <u>Box 816 Liberal, KS</u> Signed <u>C. W. Weller</u> Date <u>6/16/78</u> Authorized representative	

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