

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>HARPER</u> Fraction <u>SW 1/4 NW 1/4 NW 1/4</u> Section number <u>33</u> Township number <u>T 32</u> Range number <u>S R 9</u> <span style="float:right">EW</span>	
2. Distance and direction from nearest town or city: <u>4W 1/4 S OF ATTICA, KS</u> 3. Owner of well: <u>HERB PROUSE</u> Street address of well location if in city: <u>ATTICA, KS</u> R.R. or street: City, state, zip code: <u>ANTHONY, KS</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> </div> <div> <p>DRAINAGE</p> <p>X WATER WELL</p> </div> </div>	
5. Type and color of material	
	From To
<u>SOIL, SANDY</u>	<u>0 2</u>
<u>SILT, BROWN</u>	<u>2 11</u>
<u>SAND, FINE TO COARSE</u>	<u>11 15</u>
<u>SILT, BROWN</u>	<u>15 19</u>
<u>SAND, MED TO COARSE &amp; GRAVEL</u>	<u>19 54</u>
<u>CLAY, BROWN</u>	<u>54 55</u>
<u>SAND, MED TO COARSE &amp; COARSE GRAVEL</u>	<u>55 66</u>
<u>W/ SOME VERY COARSE GRAVEL</u>	
<u>SHALE, RED</u>	<u>66 70</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>4'x10' CONCRETE SLAB AT SURFACE</u>
6. Bore hole dia. <u>30</u> in. Completion date <u>30 JUN 77</u> Well depth <u>66</u> ft.	
7. <input 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 checked="" type="checkbox"/> Reverse rotary	
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <u>STL</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>1 1/2</u> in. to <u>66</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>188</u>	
10. Screen: Manufacturer's name <u>W A BROWN</u> Type <u>PROFLO</u> Dia. <u>1 1/2"</u> Slot/gauze <u>1/8</u> Length <u>30'</u> Set between <u>36</u> ft. and <u>66</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/8 - 1/2</u>	
11. Static water level: <u>7</u> ft. below land surface Date <u>30 JUN 77</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>20</u> ft. after <u>1</u> hrs. pumping <u>700</u> g.p.m. <u>27</u> ft. after <u>1</u> hrs. pumping <u>913</u> g.p.m. Estimated maximum yield <u>1000</u> g.p.m.	
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
15. Well grouted? <u>Yes</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Floway</u> Model number _____ HP <u>60</u> Volts _____ Length of drop pipe <u>50</u> ft. capacity <u>700</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
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>CENTRAL Well &amp; Pump 325</u> Business name _____ License No. _____ Address <u>121 S. TAYLOR PRATT</u> Signed <u>JOAQUIN MORALES</u> Date <u>30 JUN 77</u> Authorized representative	

32 - 92 EW 33 SEC NW 1/4

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

Form WWC-5