

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 <b>Barber</b>	Fraction <b>SW 1/4 NW 1/4</b>	Section number <b>27</b>	Township number <b>T 33 S</b>	Range number <b>R 11 E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>88 SE Mad Lodge</b>			3. Owner of well: <b>Boyd Forrester</b> R.R. or street: City, state, zip code: <b>Hazleton, Ks.</b>			
4. Locate with "X" in section below: N W + E S 1 Mile 1 Mile			Sketch map: 		6. Bore hole dia. <b>8</b> in. Completion date <b>3/22/77</b> Well depth <b>30</b> ft.	
5. Type and color of material			From		To	
			soil		0 4	
			sand		4 18	
			clay		18 23	
			red sand		23 28	
			shale		28 30	
10. Screen: Manufacturer's name <b>Peerless</b> Type <b>PVC</b> Dia. <b>4"</b> Slot/gauze <b>.035</b> Length <b>5'</b> Set between <b>25</b> ft. and <b>30</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 in</b>			7. <input checked="" type="checkbox"/> Cable tool 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			
11. Static water level: <b>5</b> ft. below land surface Date <b>3/22/77</b>			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			
12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>15</b> g.p.m.			9. Casing: Material _____ Weight: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>22</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>155</b> lbs./ft. Dia. <b>4</b> in. to <b>30</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <b>177</b>			
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
14. Well head completion: <b>24</b> ____ Pitless adapter _____ inches above grade			14. Well head completion: <b>24</b> ____ Pitless adapter _____ inches above grade			
15. Well grouted? <input checked="" type="checkbox"/> With <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>12</b> ft.			15. Well grouted? <input checked="" type="checkbox"/> With <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>12</b> ft.			
16. Nearest source of possible contamination: ft. _____ <b>Pipe</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No			16. Nearest source of possible contamination: ft. _____ <b>Pipe</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No			
17. Pump: Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ Other _____			17. Pump: Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ Other _____			
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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. Business name <b>Lyman Bros</b> License No. <b>140</b> Address <b>1110</b> Signed <b>W Lyman</b> Date <b>3/23</b> Authorized representative			
19. Remarks: <b>Pump packer</b>						

T 33 S  
 R 11 E/W  
 Sec 27  
 1/4 1/4 1/4  
 S 1/4 S 1/4 NW 1/4

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

Form WWC-5