

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

SITKA

A A B

1. Location of well:		County <u>Clarke</u>	Fraction <u>NW 1/4 NE 1/4 NE 1/4</u>	Section number <u>14</u>	Township number <u>33</u>	Range number <u>22</u>	<u>E</u>
2. Distance and direction from nearest town or city: <u>1 1/2 mi. W of Sitka</u>			3. Owner of well: <u>A.A. But</u>				
Street address of well location if in city:			R.R. or street:				
			City, state, zip code: <u>Ashland, Kansas 67831</u>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>8 1/2</u> in. Completion date <u>7-17-79</u>		
					Well depth <u>120</u> ft.		
					7. <input checked="" 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 checked="" 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 <input type="checkbox"/> Height: <input checked="" type="checkbox"/> Above or below		
					Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in.		
					RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft.		
					Dia. <u>5</u> in. to <u>120</u> ft. depth Wall Thickness: inches or		
					Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>Alrod</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Jet Stream</u>			
<u>top soil</u>		<u>0</u>	<u>3</u>	Type <u>PVC</u> Dia. <u>5"</u>			
<u>sandy clay</u>		<u>4</u>	<u>15</u>	Slot/gauze <u>1/8"</u> Length <u>40'</u>			
<u>red bed</u>		<u>16</u>	<u>120</u>	Set between <u>80</u> ft. and <u>120</u> ft.			
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/2"</u>			
				11. Static water level: <u>63</u> ft. below land surface Date <u>7-17-79</u>			
				12. Pumping level below land surfaces:			
				<u>15</u> ft. after <u>1 1/2</u> hrs. pumping <u>30</u> g.p.m.			
				<u>30</u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.			
				Estimated maximum yield <u>30</u> g.p.m.			
				13. Water sample submitted: <u> </u> mo./day/yr.			
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>			
				14. Well head completion:			
				<input type="checkbox"/> Pitless adapter <u> </u> 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 <u>1</u> ft. to <u>15</u> ft.			
				16. Nearest source of possible contamination:			
				ft. <u>300</u> Direction <u>South</u> Type <u>creek bottom</u>			
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed			
				Manufacturer's name <u> </u>			
				Model number <u> </u> HP <u> </u> Volts <u> </u>			
				Length of drop pipe <u> </u> ft. capacity <u> </u> g.p.m.			
				Type:			
				<input type="checkbox"/> Submersible <input type="checkbox"/> Turbine			
				<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
				<input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
(Use a second sheet if needed)		18. 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 <u>Robert Butel</u>				License No. <u>101A</u>	
		Address <u> </u>				Date <u>12-27-79</u>	
		Signed <u>Robert Butel</u>				Authorized representative	
18. Elevation:	19. Remarks:						
Topography:	<u>1090</u>						
<input type="checkbox"/> Hill	<u>1883</u>						
<input type="checkbox"/> Slope	<u>16</u>						
<input checked="" type="checkbox"/> Upland	<u>1867</u>						
<input type="checkbox"/> Valley							

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 R 22
 N 14
 Sec 14
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5