

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

DAB

1. Location of well:		County <b>Clark</b>	Fraction <b>NW NE</b> <b>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>30</b>	Township number <b>T 33 S R 22 E/W</b>	Range number <b>22</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Bill Anderson</b> R.R. or street: <b>Box 58</b> City, state, zip code: <b>Ashland, Kansas 67831</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>12</b> in. Completion date _____ Well depth <b>60</b> ft. <b>3-8-77</b>		
				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 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 <b>Dist</b> Height: <b>(Above)</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>2.3</b> lbs./ft. Dia. <b>6</b> in. to <b>60</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <b>0.250</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>Jess and Lowell</b>		
Surface		0	3	Type <b>RMP</b> Dia. <b>6 in.</b> Slot/gauze <b>.06</b> Length <b>25 ft.</b> Set between <b>35</b> ft. and <b>60</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8</b>		
Gray and green clay		3	15	11. Static water level: _____ mo./day/yr. <b>24</b> ft. below land surface Date <b>3-9-77</b>		
Red clay		15	39	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.		
Good medium sand and gravel		39	46	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Red clay 10% liver mud		<b>46</b>	60	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 <b>0</b> ft. to <b>18</b> ft.		
				16. Nearest source of possible contamination: _____ ft. Direction _____ Type <b>Field MHC</b> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
				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		
				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>Hodde Drilling Co 302</b> Business name _____ License No. _____ Address <b>RR#1 Dodge City, Ks.</b> Signed <b>Will Hodde</b> Date <b>3-11-77</b> Authorized representative		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>Concrete slab to be installed by customer at surface of ground. He knows this is a regulation.</b> <b>1070</b> <b>Bill Anderson</b> <b>1880 46</b> <b>1834</b>				

33-22-20 NW NE SE  
T R E  
1/4 1/4 1/4

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

Form WWC-5