

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

ASHLAND

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

DAC 1200' NE of C-SE 1/4

1 Location of well:		County <b>Clark</b>	Township name	Fraction <b>SW NE SE</b>	Section number <b>12</b>	Town number <b>33</b>	Range number <b>23</b>
Distance and direction from nearest town or city:				3 Owner of well: <b>Orval Dickey</b>			
Street address of well location if in city:				Address: <b>ASHLAND, KANSAS</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>85</b> ft. Date of completion <b>4-3-75</b>		Well diameter <b>2</b> in.	
				5 <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	
2		Type and color of material		From	To	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
		surface		0	5	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial	
		small sand		5	25	<input type="checkbox"/> Test well <input type="checkbox"/>	
		large sand		25	40	7 Casing: Material _____ Height: <b>above/below</b>	
		small to large gravel		40	<b>(85)</b>	Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in	
		BROCK 85				Diam. <b>glued</b> Weight <b>20 lbs./ft.</b>	
		30				18" in. to <b>85</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		45' sol. - 1/2"				8 Screen:	
						Manufacturer <b>NA Sowed Pipe</b>	
						Type <b>Sowed</b> Dia. <b>Capeo Pipe</b>	
						Slot/gauze _____ Length _____	
						Set between <b>43</b> ft. and <b>85</b> ft.	
						Fittings: _____	
						Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4"</b>	
						9 Static water level: <b>30</b> ft. below land surface Date <b>4/3/75</b>	
						10 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.	
						11 Water sample submitted:	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion:	
						<input type="checkbox"/> Pitless adapter <b>18"</b> Inches above grade	
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						<input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/>	
						Depth: From <b>5</b> ft. to <b>10</b> ft.	
						14 Nearest source of possible contamination: <b>none</b>	
						ft. _____ Direction _____ Type _____	
						Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 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	
16 Remarks: elevation		17 Water well contractor's certification:					
<p><b>Capped Well upon Completion</b></p> <p><b>Orval Dickey is to</b></p> <p><b>Put Slab Around Well</b></p>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.					
<p>Topography:</p> <p><input type="checkbox"/> Hill</p> <p><input type="checkbox"/> Slope</p> <p><input type="checkbox"/> Upland</p> <p><input type="checkbox"/> Valley</p>		<p><b>Craig Water Well 239</b></p> <p>Business name _____ License No. _____</p> <p>Address <b>Box 521 Woodward, Okla</b></p> <p>Signed _____ Date _____</p>					

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

TOPD

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