

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>Clark</u> <u>Center</u>		Fraction <u>SW 1/4 NE 1/4 NE 1/4</u>	Section number <u>18</u>	Township number T <u>33</u> S R <u>23</u> E <u>W</u>	Range number
2. Distance and direction from nearest town or city: <u>4 3/4 mi W. of Ashland</u> Street address of well location if in city: <u>1/4 S</u>			3. Owner of well: <u>Louis Zane</u> R.R. or street: City, state, zip code: <u>Ashland, Kansas 62831</u>		
4. Locate with "X" in section below: N NW NE SW SE S W E 1 Mile 1 Mile		Sketch map: <u>Creek</u> <u>1/4 mi S</u> <u>Corral well</u>		6. Bore hole dia. <u>8 1/2</u> in. Completion date <u>4-7-81</u> Well depth <u>114</u> ft.	
5. Type and color of material		From		To	
		<u>Topsoil</u>		<u>0 5</u>	
		<u>sand + brown clay</u>		<u>5 57</u>	
		<u>sand + gravel</u>		<u>57 65</u>	
<u>sand + brown clay</u>		<u>65 114</u>			
				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 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	
				9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>290</u> lbs./ft. Dia. <u>5</u> in. to <u>114</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>40sch</u>	
				10. Screen: Manufacturer's name _____ <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>46</u> Length <u>40</u> Set between <u>74</u> ft. and <u>114</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>4-8</u>	
				11. Static water level: _____ mo./day/yr. <u>57</u> ft. below land surface Date <u>4-7-81</u>	
				12. Pumping level below land surfaces: <u>57</u> ft. after <u>1 1/2</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>4-7-81</u>	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> Inches above grade	
				15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>15</u> ft. to <u>0</u> ft.	
				16. Nearest source of possible contamination: ft. <u>500</u> Direction <u>N</u> Type <u>Creek</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <u>Windmill</u> <input 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 checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
		(Use a second sheet if needed)			
18. Elevation:		19. Remarks:		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>Bentel Ditch</u> <u>101A</u> Business name <u>meade ks</u> License No. _____ Address <u>Peter Bentel</u> Signed <u>Peter Bentel</u> Date <u>6-21-81</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

-33 23 W 18 Sec 23 N 1/4 1/4 1/4

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

Form WWC-5