

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 Seward | Fraction NW_{1/4} SE_{1/4} NW_{1/4} | Section number 9 | Township number T 33 S R 33 | Range number 33 |
| 2. Distance and direction from nearest town or city: 10 1/2 mi N. of Liberal | | | | 3. Owner of well: Eddie Beavers R.R. or street: 707 North New York City, state, zip code: Liberal Kansas | | |
| 4. Locate with "X" in section below: | | US 83 | | Sketch map: sewer Nabors House 1/4 mi | | |
| | | | | 6. Bore hole dia. 8 3/4 in. Completion date 5-5-77 Well depth 300 ft. | | |
| 5. Type and color of material | | From | To | 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 | | |
| Top soil | | 0 | 2 | 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 | | |
| Fine sand & silt | | 2 | 20 | 9. Casing: Material Steel Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 2 1/2 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 300 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 1 1/4 | | |
| Pea gravel | | 20 | 52 | 10. Screen: Manufacturer's name _____ Hand Slotted Type Steel Dia. 5 Slot/gauze 1 1/2 Length 3 in. Set between 240 ft. and 300 ft. _____ ft. and _____ ft. Gravel pack? Yes Size range of material 1/8-1/4 | | |
| Coarse Sand with clay | | 52 | 81 | 11. Static water level: _____ mo./day/yr. 167 ft. below land surface Date 5-5-77 | | |
| Clay | | 81 | 97 | 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. | | |
| Fine Sand | | 97 | 105 | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| Clay stra | | 105 | 110 | 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade | | |
| Coarse Sand | | 110 | 147 | 15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 20 ft. | | |
| Clay | | 147 | 150 | 16. Nearest source of possible contamination: ft. 1/4 mi Direction NE Type sewer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Coarse Sand & Clay | | 150 | 156 | 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 | | |
| Coarse Sand | | 156 | 187 | 18. Elevation: | | |
| Coarse Sand & Clay | | 187 | 300 | 19. Remarks: This well is to be finished in the basement of a future house. The Owner is aware of finishing requirements. | | |
| Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | (Use a second sheet if needed) | | 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. Combs Eng 342 Business name _____ License No. _____ Address Box 279 Tappin Ok Signed Neal Combs Date 5-5-77 Authorized representative | | |

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