

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 <b>Morton</b>	Fraction <b>NW 1/4 NE 1/4 NW 1/4</b>	Section number <b>34</b>	Township number T <b>33</b> S R <b>43</b> E/W	Range number
2. Distance and direction from nearest town or city: <b>9 N. 43/4 W of Eikhart, KS.</b> Street address of well location if in city:			3. Owner of well: <b>U.S. Forest Service</b> R.R. or street: City, state, zip code: <b>Eikhart, KS 67950</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>9</b> in. Completion date _____ Well depth <b>200</b> ft. <b>6/16/78</b>	
		7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Aug <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 <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <b>g.I</b> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>160</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>0-258</b>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name <b>Peerless Plastics</b>
<b>Overburden</b>			<b>0</b>	<b>128</b>	Type <b>PVC</b> Dia. <b>5"</b>
<b>Clay</b>			<b>128</b>	<b>160</b>	Slot/gauze <b>1/16"</b> Length <b>40</b>
<b>Clay + thin streaks of Medium Sand</b>			<b>160</b>	<b>195</b>	Set between <b>160</b> ft. and <b>200</b> ft. _____ ft. and _____ ft.
<b>Sand Stone + Clay</b>			<b>195</b>	<b>200</b>	Gravel pack? <b>Yes</b> Size range of material <b>48</b>
					11. Static water level: _____ mo./day/yr. <b>128</b> ft. below land surface Date <b>6/16/78</b>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <b>1</b>
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> Inches above grade
					15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.
					16. Nearest source of possible contamination: <b>None</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					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
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	<b>Pasteur Well Pasteur #20 #17 well to be completed at a later date.</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Taw Water Well</b> <b>142</b> Business name _____ License No. _____ Address <b>Box 816 Liberal, KS</b> Signed <b>A. [Signature]</b> Date <b>6/16/78</b> Authorized representative		

T 33  
 R 43  
 E  
 Sec 34  
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