

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>Barber</u>	Fraction: <u>SW 1/4 SE 1/4 NW 1/4</u>	Section number: <u>24</u>	Township number: <u>T 34</u>	Range number: <u>R 14 E W</u>
2. Distance and direction from nearest town or city: <u>8 west of Hardthen, Kans - 4 mi. North.</u> Street address of well location if in city:			3. Owner of well: <u>Robert Joseph RR</u> R.R. or street: City, state, zip code: <u>ALVA, OKla. 73717</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>5</u> in. Completion date <u>5/15/78</u> Well depth <u>140</u> ft.	
		<p style="font-size: 2em; text-align: center;">Grassland.</p>		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	
5. Type and color of material			From	To	9. Casing: Material <u>PBS</u> Height <u>Above</u> or below Threading <u>Welded</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>140</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>200</u>
<u>Topsoil - Red</u>			<u>0</u>	<u>2</u>	10. Screen: Manufacturer's name <u>JTL</u> <u>OKla City, OKla</u> Type <u>RMP</u> Dia. <u>5"</u> Slot gage <u> </u> Length <u>70</u> Set between <u>70</u> ft. and <u>140</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 to 1/4</u>
<u>Loam + Clay mixture</u>			<u>2</u>	<u>20</u>	11. Static water level: <u>20</u> ft. below land surface Date <u> </u> mo./day/yr.
<u>Clay with layers of Shale - red</u>			<u>20</u>	<u>70</u>	12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>5</u> g.p.m.
<u>Shale - red - layers of blue clay</u>			<u>70</u>	<u>140</u>	13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>
					14. Well head completion: <u> </u> Pitless adapter <u>12</u> inches above grade
					15. Well grouted? <u>Yes</u> With: <u> </u> Neat cement <input checked="" type="checkbox"/> Bentonite <u> </u> Concrete <u> </u> Depth: From <u>0</u> ft. to <u>20</u> ft.
					16. Nearest source of possible contamination: <u>None</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <u> </u> Yes <u> </u> No
					17. Pump: <u> </u> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.p.m. Type: <u> </u> Submersible <u> </u> Turbine <u> </u> Jet <u> </u> Reciprocating <u> </u> Centrifugal <input checked="" type="checkbox"/> Other
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	<u>Windmill well for cattle</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Lehl & Son</u> <u>141</u> Business name <u>Alva OKla</u> License No. Address <u> </u> Signed <u>Carl Lehl</u> Date <u>5/27/78</u> Authorized representative		

T 34 R 14 E W Sec 24 SW SE NW
1/4 1/4 1/4 1/4

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

Form WWC-5