

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

<b>1. Location of well:</b>	County <b>Clark</b>	Fraction <b>NE 1/4 SE 1/4 SE 1/4</b>	Section number <b>16</b>	Township number <b>T 34</b>	Range number <b>S R 25 E 10</b>
<b>2. Distance and direction from nearest town or city:</b> <b>2 1/2 N, 3 W, 4 N, 1 E</b>			<b>3. Owner of well:</b> <b>Bill Jacques</b>		
Street address of well location if in city: <b>Englewood</b>			R.R. or street: <b>Englewood, Kansas</b>		
<b>4. Locate with "X" in section below:</b>		Sketch map:		<b>6. Bore hole dia. <u>8 1/2</u> in. Completion date <u>9-25-80</u> Well depth <u>120</u> ft.</b>	
<p style="text-align:center">N NW NE SW SE S</p> <p style="text-align:center">W E 1 Mile</p>				<b>7. 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</b>	
<b>8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other</b>					
<b>9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface <u>4</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>120</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>4052</u></b>					
<b>5. Type and color of material</b>		From	To	<b>10. Screen: Manufacturer's name <u>Pumpco Jet Screen</u></b>	
<u>sand</u>		<u>0</u>	<u>30</u>	Type <u>PVC</u> Dia. <u>5 1/8</u> "	
<u>white clay + sand</u>		<u>31</u>	<u>40</u>	Slot/gauze <u>76</u> Length <u>30</u>	
<u>sand</u>		<u>41</u>	<u>75</u>	Set between <u>100</u> ft. and <u>120</u> ft. _____ ft. and _____ ft.	
<u>clay</u>		<u>76</u>	<u>105</u>	Gravel pack? <u>Yes</u> Size range of material <u>76-84</u>	
<u>gravel</u>		<u>106</u>	<u>115</u>	<b>11. Static water level: _____ mo./day/yr. <u>57</u> ft. below land surface Date <u>9-25-80</u></b>	
<u>red bed</u>		<u>116</u>	<u>120</u>	<b>12. Pumping level below land surfaces: <u>57</u> ft. after <u>12</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15</u> g.p.m.</b>	
				<b>13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____</b>	
				<b>14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade</b>	
				<b>15. Well grouted? <u>Yes</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>15</u> ft. to <u>5</u> ft.</b>	
				<b>16. Nearest source of possible contamination: ft. <u>700</u> Direction <u>W</u> Type <u>log setup</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b>	
				<b>17. Pump: _____ Not installed Manufacturer's name <u>F+10</u> Model number <u>2BA12</u> HP <u>3</u> Volts <u>330</u> Length of drop pipe <u>100</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other</b>	
		(Use a second sheet if needed)		<b>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>Barclay Ditz</u> <u>101A</u> Business name _____ License No. _____ Address <u>meadi, ks</u> Signed <u>Peter Bortel</u> Date <u>9-26</u> Authorized representative</b>	
<b>18. Elevation:</b>		<b>19. Remarks:</b>		<b>34 25E 16 NE SE SE R 1/4 1/8 1/4 Sec</b>	
Topography: Hill _____ Slope _____ <input checked="" type="checkbox"/> Upland _____ Valley _____					

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

Form WWC-5