

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 SW 1/4 NE 1/4 NW 1/4	Section number 22	Township number T 34	Range number S R 31	E 1
2. Distance and direction from nearest town or city: Seven mi. East of Hane			3. Owner of well: Bryan A. White R.R. or street: RFD #2 City, state, zip code: Liberal, Kansas			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 3/4 in. Completion date: 7-28-77 Well depth 80 ft.		
				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		
				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		
5. Type and color of material		From	To	9. Casing: Material _____ Height: <u>above</u> or below Threaded _____ Welded _____ Surface <u>16</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>258</u>		
Top Soil		0	2	10. Screens: Manufacturer's name <u>Hand cut</u> <u>P.V.C.</u> Type _____ Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>3"</u> Set between <u>40</u> ft. and <u>80</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-5</u>		
Fine Sand		2	14	11. Static water level: _____ mo./day/yr. <u>43</u> ft. below land surface Date <u>4-27-77</u>		
Light Clay		14	18	12. Pumping level below land surfaces: <u>43</u> ft. after <u>8</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>100</u> g.p.m.		
Coarse Sand		18	46	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Light Clay		46	49	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade		
Coarse Sand		49	80	15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.		
				16. Nearest source of possible contamination: ft. <u>95</u> Direction <u>sewer</u> Type <u>N/A</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Air motor</u> Model number <u>N-A</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>60</u> ft. capacity <u>18</u> g.p.m. Type: <input checked="" 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Combs Eng. 342</u> Business name _____ License No. _____ Address <u>Box 279 Typin Okla</u> Signed <u>Neal Combs</u> Date <u>5-15-77</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

34 31 E
 R
 22 SW NE NW
 1/4
 Sec

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

Form WWC-5