

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>CLOUD</b>	Fraction <b>CENTER</b> 1/4 NW 1/4	Section number <b>21</b>	Township number T <b>6</b> S	Range number R <b>1</b> E
2. Distance and direction from nearest town or city: <b>3 1/2 SOUTH</b>		3. Owner of well: <b>LONNIE BRICHAT</b>			
Street address of well location if in city: <b>AMES</b>		R.R. or street: <b>ROUTE 2</b>			
		City, state, zip code: <b>CLYDE KANSAS 66938</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>2 1/2</b> in. Completion date Well depth <b>176</b> ft. <b>4/12/77</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	
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <b>AC</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>30</b> lbs./ft. Dia. <b>12</b> in. to <b>176</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>34</b> "	
<b>TOPSOIL</b>		<b>0</b>	<b>4</b>	10. Screen: Manufacturer's name <b>JOHNSON CONCRETE</b> Type <b>ASBESTOS</b> Dia. <b>12</b> Rod gauge <b>1/8</b> " Length <b>52'</b> Set between <b>134</b> ft. and <b>186</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>1/4" x 1/2"</b>	
<b>BROWN CLAY</b>		<b>4</b>	<b>19</b>	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>110</b> ft. below land surface Date <b>4/12/77</b>	
<b>SANDROCK</b>		<b>19</b>	<b>40</b>	12. Pumping level below land surfaces: <b>130</b> ft. after <b>2</b> hrs. pumping <b>1000</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>1000</b> g.p.m.	
<b>BLUE CLAY</b>		<b>40</b>	<b>60</b>	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
<b>RED CLAY</b>		<b>60</b>	<b>79</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade	
<b>SANDROCK W/CLAY</b>		<b>79</b>	<b>105</b>	15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
<b>SANDROCK</b>		<b>105</b>	<b>176</b>	16. Nearest source of possible contamination: ft. <b>1000</b> Direction <b>WEST</b> Type <b>LOTS</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>BLUE SHALE STOP</b>		<b>176</b>		17. Pump: <input type="checkbox"/> Not installed <b>ROUSE</b> Manufacturer's name <b>WESTERN LAND</b> Model number <del>1400</del> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <b>160</b> ft. capacity <b>800</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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: <b>1372</b>	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. <b>CLYDE LOXTON INC 258</b> Business name License No. Address <b>CLIFTON KANSAS 66937</b> Signed <b>Wayne Cox</b> Date <b>8-1-77</b> Authorized representative	

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

Form WWC-5