

4 cells

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

B3B5

1. Location of well: County <b>GRAHAM</b> Fraction <b>NW 1/4 NW 1/4 NW 1/4</b> Section number <b>23</b> Township number <b>8 S R 24 E W</b>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>S.E. PART OF VILLAGE OF PENOKEE, KANSAS</b> City, state, zip code: <b>Penokee, Ks. 67659</b>	
3. Owner of well: <b>GEORGE CLARK</b>	
4. Locate with "X" in section below: Sketch map: <b>LOT # 29. E 70' of 4-5-6 VILLAGE OF PENOKEE, Ks. 67659</b>	
5. Type and color of material	
	From To
<b>CLAY</b>	0 27
<b>SAND &amp; GRAVEL (BROWN)</b>	27 43
<b>SHALE</b>	43 44
<b>POSS 45'</b>	
<b>27'</b>	
<b>16' sat thick</b>	
<b>NOT in Og</b>	
6. Bore hole dia. <b>9</b> in. Completion date <b>5/25/77</b> Well depth <b>43</b> ft.	
7. <input checked="" 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 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	
9. Casing: Material <b>PLST</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>24</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>43</b> ft. depth   Wall Thickness: inches or Dia. _____ in. to _____ ft. depth   gage No. <b>.250</b>	
10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>PLASTIC</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>45'</b> Set between <b>0</b> ft. and <b>43</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 - 5/8</b>	
11. Static water level: _____ mo./day/yr. <b>27</b> ft. below land surface Date <b>5/25/77</b>	
12. Pumping level below land surfaces: <b>NO TEST</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: <b>NOT DONE</b> <input type="checkbox"/> Pitless adapter _____ inches above grade	
15. Well grouted? <b>YES</b> With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>15</b> ft. <b>MNS</b>	
16. Nearest source of possible contamination: _____ ft. <b>65</b> Direction <b>South</b> Type <b>Pool</b> 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: Level _____ Topography: _____ <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>CONCRETE SLAB TO BE INSTALLED BY CUSTOMER AT GROUND SURFACE.</b> <b>2240 #10</b> <b>2197</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. <b>D&amp;L DRILLING CO 303</b> Business name License No. _____ Address <b>BX 368 HILL CITY, KS. 67659</b> Signed <b>Alford [Signature]</b> Date <b>5/27/77</b> Authorized representative	

1-2-24-23  
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S  
1/4 1/4 1/4

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

Form WWC-5