

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>Clay</b>	Fraction <b>NE 1/4 NE 1/4 SE 1/4</b>	Section number <b>31</b>	Township number <b>T 10 S R 2 E</b>	Range number <b>E/W</b>
2. Distance and direction from nearest town or city: <b>5 mi E + 2 1/2 S of Longford Ks</b>			3. Owner of well: <b>Fred Heigole</b> R.R. or street: <b>Rt. 1</b> City, state, zip code: <b>Longford Ks. 67458</b>		
4. Locate with "X" in section below: <div style="text-align: center;"> </div>			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <b>6</b> in. Completion date <b>7-11-78</b> Well depth <b>36</b> ft.
<b>Alluvium:</b>					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
<b>Clay, silty, gray + brown</b>			<b>0</b>	<b>29</b>	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
<b>Sand, fine, Silty</b>			<b>29</b>	<b>30</b>	9. Casing: Material _____ Height: <b>5</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>36</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>
<b>Permian</b>					10. Screen: Manufacturer's name <b>Skop</b> Type <b>slots</b> Dia. <b>4"</b> Slot/gauze <b>1/16"</b> Length <b>4'</b> Set between <b>32</b> ft. and <b>36</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/10"</b>
<b>Limestone + shale, gray-green</b>			<b>30</b>	<b>36</b>	11. Static water level: _____ mo./day/yr. <b>16</b> ft. below land surface Date <b>7-11-78</b>
<b>Shale, gray</b>			<b>36</b>	<b>41</b>	12. Pumping level below land surfaces: <b>ND</b> ft. after <b>1/2</b> hrs. pumping <b>3</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>4</b> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.
					16. Nearest source of possible contamination: <b>Open field</b> ft. _____ Direction _____ Type <b>Open field</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:	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>Hydramatic Drilling</b> <b>126</b> Business name _____ License No. _____ Address <b>Sanline News</b> Signed <b>Ed Teet</b> <b>9-5-78</b> Date _____ Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

10 2 E  
R W  
31 NE 1/4 SE 1/4

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

Form WWC-5