

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>Morris</b>	Fraction <b>SE 1/4 NE 1/4 SE 1/4</b>	Section number <b>7</b>	Township number T <b>14</b> S R <b>7</b> <b>EN</b>	Range number
2. Distance and direction from nearest town or city: <b>2 East and 3 1/4 North of White City</b> Street address of well location if in city:			3. Owner of well: <b>Dorrell Johnson</b> R.R. or street: <b>Rt 2 White City</b> City, state, zip code: <b>Kan</b>			
4. Locate with "X" in section below:		Sketch map: 			6. Bore hole dia. <b>6 1/4</b> in. Completion date <b>2-3-77</b> Well depth <b>95</b> ft.	
		7. <input checked="" type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
		9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>16</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>30</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>		10. Screen: Manufacturer's name <b>Sunflower</b> Type <b>RMP</b> Dia. <b>5"</b> Plot gauze <input checked="" type="checkbox"/> Length <b>65</b> Set between <b>30</b> ft. and <b>95</b> ft. _____ ft. and _____ ft. Gravel pack? <b>NO</b> Size range of material _____		
5. Type and color of material		From	To	11. Static water level: _____ mo./day/yr. <b>31</b> ft. below land surface Date <b>7-3-77</b>		
Topsoil - Blk		0	4	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.		
LIME - Broken Yel		4	6	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
LIME - Yel		6	9	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade		
Shale - Yel		9	12	15. Well grouted? <b>Yes</b> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>16</b> ft.		
LIME - Yel		12	15	16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>ESE</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Shale - Yel		15	19	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		
Shale - Green		19	22	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>Zinn Water Well Drilling 218</b> Business name _____ License No. _____ Address <b>Lost Springs, Kan</b> Signed <b>Joseph A. Zinn</b> Date <b>7-22-77</b> Authorized representative		
Shale - Lite		22	26	(Use a second sheet if needed)		
LIME - Yel		26	29			
Shale - Yel		29	32			
LIME - Yel		32	41			
Shale - Lite Blue		41	45			
LIME - Gray		45	62			
Shale - Gray		62	66			
LIME - Gray		66	69			
Shale - Gray		69	87			
LIME - White		87	95			
18. Elevation:	19. Remarks:		20. Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 14  
 R 7  
 Sec 7  
 1/4 NE 1/4 SE

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

Form WWC-5