

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

75?

1. Location of well:		County <b>Franklin</b>	Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>34</b>	Township number T <b>16</b> S R <b>18</b> E <b>AW</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Bill Coley</b> R.R. or street: <b>Box 121</b> City, state, zip code: <b>Pomona, Kan. 66076</b>			
4. Locate with "X" in section below:		Sketch			6. Bore hole dia. <b>6 1/2</b> in. Completion date <b>11-8-78</b> Well depth <b>90</b> ft. <b>9' to 31'</b>	
					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	
5. Type and color of material		From	To	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>soil</b>		<b>0</b>	<b>5</b>	9. Casing: Material _____ Height: Above or <input checked="" type="checkbox"/> Below Threaded _____ Welded _____ Surface <b>18</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>sch 40</b> lbs./ft. Dia. <b>6 1/2</b> in. to <b>31</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>sch 40</b>		
<b>clay</b>		<b>5</b>	<b>31</b>	10. Screen: Manufacturer's name _____ <b>none</b> Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft.		
<b>yellow sand rock</b>		<b>31</b>	<b>40</b>	Gravel pack? <input checked="" type="checkbox"/> <b>no</b> Size range of material _____		
<b>grey sand</b>		<b>40</b>	<b>75</b>	11. Static water level: <b>30</b> ft. below land surface Date <b>11-8-78</b> mo./day/yr.		
<b>white sand</b>		<b>75</b>	<b>90</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>18</b> 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>pump house</b> <input type="checkbox"/> Pitless adapter _____ inches above grade		
				15. Well grouted? _____ With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>31</b> ft.		
				16. Nearest source of possible contamination: ft. <b>80</b> Direction <b>north</b> Type <b>septic</b> Well disinfected upon completion? _____ Yes _____ 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>Royce Swank Drilling</b> <b>371</b> Business name License No. Address <b>RR1 pomona, Kan. 66076</b> Signed <b>Royce Swank</b> Date <b>12-15</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 17  
R 18  
W 34  
SE SE SE  
SE SE SE  
1/4 1/4 1/4

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

Form WWC-5