

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>Franklin</b>	Fraction <b>N.E. 1/4 S.E. 1/4 S.E. 1/4</b>	Section number <b>36</b>	Township number T <b>16</b> S R <b>10</b> E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1 mile East of Rickter, Kansas</b>			3. Owner of well: <b>Leonard Humphrey</b> R.R. or street: <b>Pomona, Kansas 66086</b> City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:			
		<p>6. Bore hole dia. <b>6 1/2</b> in. Completion date <b>11-12-77</b> Well depth <b>100</b> ft. <b>0 to 29</b></p> <p>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</p> <p>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</p> <p>9. Casing: Material <b>PVC</b> Height: Above <b>XXXX</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>Sch 40</b> lbs./ft. Dia. <b>0</b> in. to <b>30</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>Sch 40</b></p>			
5. Type and color of material		From	To		
<b>Soil &amp; Clay</b>		<b>0</b>	<b>18</b>	10. Screen: Manufacturer's name <b>NONE</b> Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <b>no</b> Size range of material _____	
<b>Yellow Sand Stone</b>		<b>18</b>	<b>28</b>	11. Static water level: _____ mo./day/yr. <b>50</b> ft. below land surface Date <b>11-22-77</b>	
<b>Grey Shale</b>		<b>28</b>	<b>45</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
<b>Sandy Grey Shale</b>		<b>45</b>	<b>70</b>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
<b>Grey Sand</b>		<b>70</b>	<b>78</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade	
<b>White Sand</b>		<b>78</b>	<b>100</b>	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>0</b> ft. to <b>20</b> ft.	
				16. Nearest source of possible contamination: ft. <b>NONE</b> Direction _____ Type _____ 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	
				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>Edgar Swank Drilling 12UA</b> Business name _____ License No. _____ Address <b>R.R. 4 Ottawa</b> Signed <b>Edgar Swank</b> Date <b>12-4-77</b> Authorized representative	
18. Elevation:	19. Remarks: <b>The well is for a new house which at this time has not been built..</b>				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 16 R 10 W 36 Sec 36 NESESE 1/4 1/4-1/4

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

Form WWC-5