

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 Miami	Fraction SW 1/4 NE 1/4 SW 1/4	Section number 1	Township number T 16 S	Range number R 24E (E/W)
2. Distance and direction from nearest town or city: 3 miles southeast of Bucyrus Street address of well location if in city:			3. Owner of well: Gary Smith R.R. or street: R.R. City, state, zip code: Bucyrus, Kansas		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 6 1/8 in. Completion date 4/14/79 Well depth 260 ft.	
				7. <input 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 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material			From	To	9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 1.3 lbs./ft. Dia. 4 1/2 in. to 260 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth sch No. 200
limestone (grey) <i>w. yelt</i> 0 73 shale (grey) <i>low</i> 73 118 limestone (lt. grey) <i>Delia</i> 118 135 shale (greenish) <i>Charo</i> 135 143 limestone (grey) <i>- Dream</i> 143 150 shale (black) <i>Quinn</i> 150 162 limestone (grey) <i>- watermill</i> 162 163 shale (grey) <i>Wca.</i> 163 192 limestone (grey) water shale 192 200 shale (grey) <i>Porter</i> 200 215 limestone (grey) <i>water</i> 215 243 shale (grey)(black) <i>- Stahl</i> 243 246 shale (grey) <i>Galstary</i> 246 257 limestone (grey) <i>Bethany Falls</i> 257 260			10. Screen: Manufacturer's name _____ Jess & Lowell Type plastic Dia. 4 1/2 Slot/groove 3/16 Length 20' Set between 220 ft. and 240 ft. ft. and _____ ft. Gravel pack? yes Size range of material 1/8-1/4"		
			11. Static water level: _____ mo./day/yr. 120 ft. below land surface Date 4/9/79		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5 g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 Inches above grade		
			15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 15 ft. to 3 ft.		
			16. Nearest source of possible contamination: ft. 200 Direction NE Type septic 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: 990		19. Remarks: Customer is aware of state regulation and agrees to install a 4' square re-enforced concrete platform around top of well. <i>Gary Smith</i>		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. F.E. Young Drilling Co., Inc. 240 Business name License No. _____ Address 6355 Robinhood Ln. Signed <i>F.E. Young</i> Date 6/19/79 Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5