

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 Dickinson	Fraction NW 1/4 SE 1/4 SW 1/4	Section number 16	Township number T 16 S R	Range number 4 (E)
2. Distance and direction from nearest town or city: 1 mile south and 3 West of Herington		3. Owner of well: Graig JONES		R. or street: Rt 1	
Street address of well location if in city:		City, state, zip code: Herington, ks			
4. Locate with "X" in section below:			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. 6 1/4 in. Completion date 5-2-77 Well depth 50 ft.
Topsoil Blk			0	3	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
LIME - Broken - Yellow			3	5	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
LIME - Solid - Yellow			5	8	9. Casing: Material PLGS Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 16 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 20 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 1200
Shale - Green			8	9	10. Screen: Manufacturer's name Swanflower Type RMP Dia. 5" Slot/gauze Y8 Length 30' Set between 20 ft. and 50' ft. Gravel pack? Yes Size range of material Y8-Y2
Red Rock -			9	19	11. Static water level: _____ mo./day/yr. 10 ft. below land surface Date 5-2-77
LIME - Broken - Wht. H2O show 20'			19	27	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.m.
LIME - Solid White			27	44	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
Shale - Gray			44	50	14. Well head completion: <input type="checkbox"/> Pitless adapter 16 Inches above grade
(Use a second sheet if needed)					15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.
18. Elevation:			19. Remarks:		16. Nearest source of possible contamination: ft. 75' Direction SW Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			Reinforced Concrete slab 4x4x4" will be installed by OWNER - He knows this is a regulation X		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. ZINN Water Well Drilling 218 Business name _____ License No. _____ Address Lost Springs, Kan Signed Joseph A. Zinn Date 5-24-77 Authorized representative

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

Form WWC-5