

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: <u>Dickinson</u>	Fraction: <u>Ne 1/4 Ne 1/4 Ne 1/4</u>	Section number: <u>24</u>	Township number: <u>T 16 S R 4</u>	Range number: <u>4</u>
2. Distance and direction from nearest town or city: <u>1 S 1/2 E</u>				3. Owner of well: <u>George Malik</u>		
Street address of well location if in city: <u>Herington</u>				R.R. or street: <u>BR</u> City, state, zip code: <u>White City 66892</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>70</u> in. Completion date <u>2-26-77</u> Well depth <u>70</u> 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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>5</u> lbs./ft. Dia. <u>5</u> in. to <u>70</u> ft. depth Wall thickness: inches or Dia. <u>5</u> in. to <u>70</u> ft. depth gage No. <u>258</u>		
5. Type and color of material				From	To	10. Screen: Manufacturer's name
<u>Top Soil</u>				<u>0</u>	<u>2</u>	Type <u>PVC</u> Dia. <u>5"</u>
<u>yellow Clay + Shale</u>				<u>2</u>	<u>16</u>	Slot/gauze <u>50</u> Length <u>10</u>
<u>yellow Shale</u>				<u>16</u>	<u>24</u>	Set between <u>38</u> ft. and <u>62</u> ft.
<u>lime Stone</u>				<u>24</u>	<u>48</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>
<u>Some Water</u>				<u>48</u>		11. Static water level: <u>42</u> ft. below land surface Date <u>2-26-77</u>
<u>lime Stone</u>				<u>48</u>	<u>55</u>	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.
<u>Water</u>				<u>55</u>		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
<u>yellow Shale</u>				<u>55</u>	<u>70</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade
						15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>65</u> ft.
						16. Nearest source of possible contamination: <u>Septic tank</u> ft. <u>50</u> Direction <u>N</u> Type <u>tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other
(Use a second sheet if needed).						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <u>Backhus Drg. 180</u> Business name _____ License No. _____ Address <u>Topeka, Kansas</u> Signed <u>Paul Backhus</u> Date _____ Authorized representative				

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

Form WWC-5