

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>Coffey</b>	Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>28</b>	Township number <b>T 21</b>	Range number <b>S R 17</b>	<b>EW</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <b>Robert E Lee</b> R.R. or street: <b>CR I</b> City, state, zip code: <b>West Phalia, Kans</b>			
4. Locate with "X" in section below:				Sketch map:			
5. Type and color of material				From	To		
Soil				0	1		
Yellow Clay				1	5		
Sand - Hard				5	15'		
Bailer Test - Approx 3 GPM + Sand - Soft				15	18		
Sand - firm				18	24		
Shale Blue - firm				24	60		
None				60	T.D.		
6. Bore hole dia. <b>1 1/2</b> in. Completion date <b>4/1/79</b>				Well depth <b>22 1/2</b> ft. <b>and 8 3/4"</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			
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 <b>JetStream</b> Height: Above or below			
Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>48</b> in.				RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.			
Dia. <b>8</b> in. to <b>15</b> ft. depth				Wall Thickness: inches or			
Dia. _____ in. to _____ ft. depth				gauge No <b>255</b>			
10. Screen: Manufacturer's name _____				Type <b>No Screen</b> Dia. _____			
Slot/gauze _____ Length _____				Set between _____ ft. and _____ ft.			
Set between _____ ft. and _____ ft.				Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 to 3/4</b>			
11. Static water level: _____ mo./day/yr.				_____ ft. below land surface Date <b>Nov. 1, 79</b>			
12. Pumping level below land surface: _____ ft. after _____ hrs. pumping _____ g.p.m.				_____ ft. after _____ hrs. pumping _____ g.p.m.			
Estimated maximum yield _____ g.p.m.				13. Water sample submitted: _____ mo./day/yr.			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____				14. Well head completion: <b>Pvc - Cap</b>			
<input type="checkbox"/> Pitless adapter <b>48</b> Inches above grade				15. Well grouted? <b>Yes</b>			
With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete				Depth: From <b>2 1/2</b> ft. to <b>15</b> ft.			
16. Nearest source of possible contamination: _____				ft. <b>225</b> Direction <b>North</b> Type <b>Lake</b>			
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				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.			
18. Elevation: _____				Business name <b>Nichols WTR Well Drilling</b> License No. <b>377</b>			
Topography: _____				Address <b>RR 2 Box 75 Liberal, Mo 64762</b>			
<input type="checkbox"/> Hill				Signed <b>Richard E. Nichols</b> Date <b>Dec 27, 79</b>			
<input type="checkbox"/> Slope				Authorized representative			
<input checked="" type="checkbox"/> Upland							
<input type="checkbox"/> Valley							

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

Form WWC-5

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