

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>Harvey</u> Fraction <u>NW 1/4 NW 1/4 SW 1/4</u> Section number <u>17</u> Township number <u>T 225 S R 1 E NW</u> Range number <u>1</u>	
2. Distance and direction from nearest town or city: <u>4 N of I-35 on K-15</u> 3. Owner of well: <u>Delbert Breier</u> Street address of well location if in city: <u>1/2 W, 1/2 So. on the R#1</u> City, state, zip code: <u>Newton, Kansas</u>	
4. Locate with "X" in section below: Sketch map: <u>East side of road Newton, Kansas</u>	
5. Type and color of material	
<u>Topsail</u>	From <u>0</u> To <u>3</u>
<u>Clay</u>	<u>3</u> <u>8</u>
<u>Fine Sand</u>	<u>8</u> <u>18</u>
<u>Shale</u>	<u>18</u> <u>75</u>
6. Bore hole dia. <u>5</u> in. Completion date <u>7-12-76</u> Well depth <u>75</u> ft.	
7. <input checked="" 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 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>Styrene</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <u>9</u> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>75</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
10. Screen: Manufacturer's name <u>Sunflower Plastic</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot/gauze <u>106</u> Length <u>58 ft.</u> Set between <u>17</u> ft. and <u>75</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>7-12-76</u>	
11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>7-12-76</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.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
14. Well head completion: <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40</u> to <u>14</u> ft.	
16. Nearest source of possible contamination: <u>Septic Tank</u> ft. <u>150</u> Direction <u>NW</u> Type <u>Tank</u> 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Flat Ground</u>
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>Thrup Well Pump 236</u> Business name _____ License No. _____ Address <u>Wichita, Kans.</u> Signed <u>M. Arnold</u> Date <u>8-23-76</u> Authorized representative	

T 225 S R 1 E NW 1/4 SW 1/4

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

Form WWC-5