

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>CK Coffey</b> Fraction <b>LOT 1/2 1/4 NE 1/4</b> Section number <b>34</b> Township number <b>T 22 S R 16 E/W</b> Range number	
2. Distance and direction from nearest town or city: <b>1 W BOX 32</b> 3. Owner of well: <b>HARRY ARNOLD</b> Street address of well location if in city: <b>LEROY</b> R.R. or street: City, state, zip code: <b>LEROY KAN</b>	
④ Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> <div> <p>WELL X</p> <p>SEWER LINE</p> </div> </div>	
6. Bore hole dia. <b>2</b> in. Completion date <b>2/11/48</b> Well depth <b>45</b> 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 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	
9. Casing: Material <b>PVC</b> Height: <b>Above</b> below Threaded <input type="checkbox"/> Welded <b>GL</b> Surface <b>14</b> in. RMP <input type="checkbox"/> PVC Weight _____ lbs./ft. Dia. <b>6</b> in. to <b>0</b> ft. depth Wall Thickness: inches or Dia. _____ in. to <b>46</b> ft. depth gage No. <b>1280</b>	
5. Type and color of material	
	From To
<b>YELLOW CLAY</b>	<b>0 25</b>
<b>WHITE SANDY CLAY</b>	<b>25 31</b>
<b>RED GRAVEL</b>	<b>31 37</b>
<b>GREY SHALE</b>	<b>37 45</b>
10. Screen: Manufacturer's name <b>JESS LOWELL</b> Type <b>PVC</b> Dio. <b>6</b> Slot/gauze <b>1/16</b> Length <b>20</b> Set between <b>30</b> ft. and <b>40</b> ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <b>1/4</b>	
11. Static water level: _____ mo./day/yr. <b>80</b> ft. below land surface Date <b>7/11/48</b>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>100</b> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>14</b> Inches above grade	
15. Well grouted? <b>YES</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>12</b> ft.	
16. Nearest source of possible contamination: <b>SEWER</b> ft. <b>60</b> Direction <b>SOUTH</b> Type <b>LINE</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	
(Use a second sheet if needed)	
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>MR ARNOLD IS GOING TO RUN HIS OWN PUMP</b>
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. <b>CUMMINGS WELL SERV 312</b> Business name _____ License No. _____ Address <b>TORONTO KAN</b> Signed <b>Wes Cummings</b> Date <b>9/19/48</b> Authorized representative	

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

Form WWC-5