

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>HARVEY</b>		Fraction <b>SE 1/4 NE 1/4 SE 1/4</b>	Section number <b>6</b>	Township number <b>T 23 S</b>	Range number <b>R 1 E W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>N. Edge of Newhox</b>			3. Owner of well: <b>PRESTRESSED CONC</b> R.R. or street: <b>N. Hwy 91</b> City, state, zip code: <b>Newton, KS</b>		
4. Locate with "X" in section below: 		6. Bore hole dia. <b>14</b> in. Completion date <b>5-12-79</b> Well depth <b>93</b> ft.			
5. Type and color of material		From	To	7. 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	
Well #2				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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	
fill trash - loam		0	5	9. Casing: Material <b>Plastic</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3.58</b> lbs./ft. Dia. <b>6</b> in. to <b>93</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>280</b>	
red brown clay		5	20	10. Screen: Manufacturer's name <b>Western - Own Slot</b> Type <b>Plc</b> Dia. <b>6"</b> Slot/gauge <b>.046</b> Length <b>20</b> Set between <b>90</b> ft. and <b>80</b> ft. <b>35</b> ft. and <b>45</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>48-74</b>	
RED BR CLAY to DARK		20	25	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>9</b> ft. below land surface Date <b>3/30/79</b>	
DARK BROWN CLAY to SANDY CLAY		25	35	12. Pumping level below land surfaces: <b>32</b> ft. after <b>8</b> hrs. pumping <b>25</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>25/35</b> g.p.m.	
SAND - SHALE LAYBRED		35	37	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
GREEN GREY SHALE		37	40	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>10</b> Inches above grade	
DARK SHALE - WELLINGTON		40	45	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>10</b> ft. to <b>0</b> ft.	
" " LAYERS hard + soft		45	83	16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>EAST</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
faulted hard grey		83	85	17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Delmarco</b> Model number <b>3575164</b> HP <b>1/2</b> Volt <b>230</b> Length of drop pipe <b>80</b> ft. capacity <b>35</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
DARK WELLINGTON		85	93	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>PAUL'S INC #175</b> Business name License No. _____ Address <b>Box 26 Houston, KS</b> Signed <b>Paul Paulsen</b> Date <b>5/12/79</b> Author's Representative	
18. Elevation:		(Use a second sheet if needed)		19. Remarks:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5