

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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>1/4 SW 1/4 NE 1/4</b>	Section number <b>36</b>	Township number <b>T 23 S R 1</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: <b>from Norton Ramadainm</b> Street address of well location if in city: <b>East 2 1/4 S W S</b>		3. Owner of well: <b>21a Busering Ex</b> R.R. or street: <b>R 5</b> City, state, zip code: <b>Norton Kansas</b>				
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia <b>8" to 10"</b> . Completion date <b>6/20/76</b> Well depth <b>77</b> ft.		
5. Type and color of material		From	To	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		
<b>Black soil</b>		<b>0</b>	<b>6</b>	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		
<b>white clay</b>		<b>6</b>	<b>11</b>	9. Casing: Material <b>plastic</b> Weight: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>24</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>200</b> lbs./ft.		
<b>gray clay</b>		<b>11</b>	<b>22</b>	Dia. <b>6</b> in. to <b>77</b> ft. depth Wall Thickness: inches or Dia. <b>6</b> in. to <b>77</b> ft. depth gauge No. <b>2/10</b>		
<b>sand</b>		<b>22</b>	<b>30</b>	10. Screen: Manufacturer's name <b>Sumplins</b> <b>plastic fabric</b> Type <b>RMP</b> Dia. <b>3</b> Slot/gauze <b>3/32</b> Length <b>30</b> Set between <b>20</b> ft. and <b>30</b> ft. <b>40</b> ft. and <b>60</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>5-20</b>		
<b>Blue Shale</b>		<b>30</b>	<b>40</b>	11. Static water level: <b>25</b> ft. below land surface Date <b>6/7/76</b> mo./day/yr.		
<b>Limestone</b>		<b>40</b>	<b>43</b>	12. Pumping level below land surfaces: <b>25</b> ft. after <b>35</b> hrs. pumping <b>10</b> g.p.m. ft. after <b>40</b> hrs. pumping <b>15</b> g.p.m. Estimated maximum yield <b>15</b> g.p.m.		
<b>Blue Shale</b>		<b>43</b>	<b>77</b>	13. Water sample submitted: <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <b>6/7/76</b> mo./day/yr.		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade		
				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>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>N</b> Type <b>Limestone</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		
18. Elevation:		19. Remarks: <b>Drill in Aug</b> <b>completion date</b> <b>1-4-77</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>Frank Buckle 221</b> Business name <b>R 4</b> License No. _____ Address _____ Signed <b>Frank Buckle</b> Date <b>1-4-77</b> Authorized representative		

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

Form WWC-5