

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>Butler</u>	Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section number <u>11</u>	Township number <u>T 27</u>	Range number <u>S 4 R 4</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>1 M. N</u> <u>Augusta Kans</u>		3. Owner of well: R.R. or street: City, state, zip code: <u>L.A. Knebler</u> <u>1611 Highland</u> <u>Augusta Kans</u>		
4. Locate with "X" in section below: N W E S 1 Mile	Sketch map: 		6. Bore hole dia. <u>10</u> in. Completion date <u>7-21-1976</u> Well depth <u>40</u> 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		
<u>yellow lime</u>	<u>0</u>	<u>18</u>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
<u>grey lime</u>	<u>18</u>	<u>25</u>	9. Casing: Material <u>plastic</u> Height <u>5 ft</u> above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>5 ft</u> RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.5</u> lbs./ft. Dia. <u>6</u> in. to <u>40</u> ft. depth Wall thickness: inches or Dia. <u>6</u> in. to <u>40</u> ft. depth gage No. <u>175</u>		
<u>water</u>	<u>25</u>		10. Screen: Manufacturer's name <u>g-l-z</u> Type <u>R.M.P.</u> Dia. <u>6 in</u> <u>Slab</u> gauze <u>1/16</u> Length <u>20 ft</u> Set between <u>20</u> ft. and <u>40</u> ft. Gravel pack? <u>no</u> Size range of material		
<u>grey lime</u>	<u>25</u>	<u>40</u>	11. Static water level: <u>12</u> ft. below land surface Date <u>7-21-1976</u> mo./day/yr.		
			12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>25+</u> g.p.m.		
			13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
			14. Well head completion: ____ Pitless adapter <u>5 ft</u> inches above grade		
			15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: <u>SEWER</u> ft. Direction <u>NE</u> Type <u>SEWER</u> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			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:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	<u>there will be a approx. 5 ft</u> <u>fill around the well and</u> <u>house.</u> <u>owner will put on slab</u> <u>L.A. Knebler</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Wibe well drilling 122</u> Business name Address <u>Rt 3 Box 1232 Augusta Kans</u> Signed <u>Thuray Wibe</u> Date <u>7-21-1976</u> Authorized representative		

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

Form WWC-5