

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>Sumner</u>		Fraction <u>1/4 NW 1/4 SW 1/4</u>		Section number <u>35</u>		Township number T <u>30</u> S R <u>1</u> E W		Range number <u>1</u>	
2. Distance and direction from nearest town or city: <u>1/2 NW of Belle Plaine,</u>				3. Owner of well: <u>Gary Payer</u>					
Street address of well location if in city: <u>Belle Plaine,</u>				R.R. or street: <u>Belle Plaine, Ks</u>					
City, state, zip code: <u>Belle Plaine, Ks</u>									
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: <u>Kansas</u>		6. Bore hole dia. <u>1/2</u> in. Completion date _____ Well depth <u>33</u> ft. <u>2-26-76</u>			
5. Type and color of material				From		To		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	
<u>Topsoil</u>				<u>0</u>		<u>2</u>		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	
<u>Clay</u>				<u>2</u>		<u>7</u>		9. Casing: Material <u>styrofoam</u> Height Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>33</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1200</u>	
<u>Medium Sand</u>				<u>7</u>		<u>15</u>		10. Screen: Manufacturer's name <u>Sunflower plastic</u> Type <u>styrofoam</u> Dia. <u>5"</u> Slot/gauze <u>1.06</u> Length <u>17</u> Set between <u>16</u> ft. and <u>33</u> ft. Gravel pack <u>7 ft</u> Size range of material <u>1/4-1/8"</u>	
<u>Shale</u>				<u>15</u>		<u>33</u>		11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>2-26-76</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 1/2</u> to <u>17</u> ft.	
								16. Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ 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:		19. Remarks: <u>Flat Ground</u> <u>Septic tank not installed when well was drilled.</u> <u>No apparent source for contamination.</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>Harpwell + Pump</u> <u>236</u> Business name License No. Address <u>Wichita, Kansas</u> Signed <u>M. Arnold</u> Date <u>2-28-76</u> Authorized representative			

30-1-0-35-1/4 NW SW
 Sec
 1/4
 1/4
 1/4

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

Form WWC-5