

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>MONTGOMERY</b> Fraction <b>NE 1/4 NE 1/4 SE 1/4</b> Section number <b>1</b> Township number <b>T 35 S</b> Range number <b>R 13 E E/W</b>	
2. Distance and direction from nearest town or city: <b>1 MILE NORTH OF CANEY, KANSAS</b> 3. Owner of well: <b>JAMES ALLEN</b> Street address of well location if in city: <b>LOT No. 2 NORTH CANEY HEIGHTS</b> R.R. or street: City, state, zip code: <b>CANEY KANSAS 67233</b>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
<b>CLAY</b>	From <b>0</b> To <b>45</b>
<b>GREY SHALE</b>	<b>45</b> <b>100</b>
<b>SANDY SHALE</b>	<b>100</b> <b>145</b>
<b>SAND</b>	<b>145</b> <b>155</b>
<b>BLACK SHALE</b>	<b>155</b> <b>160</b>
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>CUSTOMER TO INSTALL CONCRETE SLAB. HE KNOWS THIS IS A STATE REGULATIONS</b>
6. Bore hole dia. <b>7</b> in. Completion date <b>8-4-78</b> Well depth <b>160</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 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	
9. Casing: Material _____ Height: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <b>SPC 40</b> Weight _____ lbs./ft. Dia. <b>6</b> in. to <b>50</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>0.320</b>	
10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slat/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>8-4-78</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>8</b> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
15. Well grouted? <b>YES</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>45</b> ft.	
16. Nearest source of possible contamination: <b>NONE</b> 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	
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>MOORE DRILLING Co. 375</b> Business name License No. _____ Address <b>Box 22 DEARING KANS.</b> Signed <b>Robert Moore</b> Date <b>8/4/78</b> Authorized representative	

35 130W 1 NE 13E

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

Form WWC-5