

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

County: <u>MONTGOMERY</u>		Fraction: <u>X</u>	Section number: <u>1</u>	Township number: <u>35S</u>	Range number: <u>13E</u>
1. Location of well: <u>NORTH OF CANEY</u> 1/4 Mile West 1/2 Street address of well location if in city:		2. Distance and direction from nearest town or city: <u>North of Caney</u> 1/4 Mile West 1/2 Street address of well location if in city:		3. Owner of well: <u>Larry Sanders</u> R.R. or street: <u>RFD #1</u> City, state, zip code: <u>Caney, Kansas, 67333</u>	
X Locate with "X" in section below: 		Sketch map: <u>No House</u> <input type="checkbox"/> <u>Septic Tank</u>		6. Bore hole dia. <u>9</u> in. Completion date <u>4-6-79</u> Well depth <u>210</u> ft. 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 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: Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>NA</u> lbs./ft. Dia. <u>6</u> in. to <u>190</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>210 PSI</u>	
5. Type and color of material		From	To		
<u>Top Soil</u>		<u>0</u>	<u>2</u>	10. Screen: Manufacturer's name <u>Stream</u> <u>NSF ASTM</u>	
<u>Brown Clay</u>		<u>2</u>	<u>49</u>	Type _____ Dia. <u>6"</u>	
<u>Gray Shale (soft)</u>		<u>49</u>	<u>91</u>	Slot/gauze <u>25/100L</u> Length <u>20'</u>	
<u>Lime</u>		<u>91</u>	<u>96</u>	Set between <u>191</u> ft. and <u>210</u> ft.	
<u>Soft Gray Shale</u>		<u>96</u>	<u>158</u>	Gravel pack? <u>yes</u> Size range of material <u>3/8 - 1/2</u>	
<u>Sand</u>		<u>158</u>	<u>162</u>	11. Static water level: _____ mo./day/yr. <u>NA</u> ft. below land surface Date _____	
<u>Gray Shale (Hard)</u>		<u>162</u>	<u>196</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>4</u> g.p.m.	
<u>Sand</u>		<u>196</u>	<u>205</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
<u>Dark Gray Shale (Hard)</u>		<u>205</u>	<u>210</u>	14. Well head completion: Pitless adapter <u>12</u> Inches above grade	
				15. Well grouted? <u>yes</u> With: Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: ft. <u>210</u> Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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: ____ Submersible _____ Turbine ____ Jet _____ Reciprocating ____ Centrifugal _____ Other _____	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: ____ Hill ____ Slope <input checked="" type="checkbox"/> Upland ____ Valley		Concrete Slab to be installed by Customer at surface of ground. He knows this is a regulation		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>SES Drilling</u> <u>379</u> Business name License No. Address <u>544 W. Plumb</u> Signed <u>[Signature]</u> Date <u>4/6-79</u> Authorized representative	

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

Form WWC-5

MI-1023

RISP