

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: MONTGOMERY Fraction: NE 1/4 SE 1/4 Section number: 1 Township number: T 35^S Range number: R 13E E/W: E/W	
2. Distance and direction from nearest town or city: NORTH OF CANEY 1 1/4 MILE, WEST 1/8, SOUTH 1/8 Street address of well location if in city: _____	
3. Owner of well: JIM ALLEN R.R. or street: RR #1 City, state, zip code: CANEY KANSAS 67333	
4. Locate with "X" in section below: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>1 Mile</p> </div> <div style="text-align: center;"> <p>Sketch map:</p> </div> </div>	
5. Type and color of material	
	From To
Top soil	0 3
Brown Clay / some sandstone	3 24
Gray shale (soft)	24 87
Lime	87 91
Gray shale (Hard)	91 124
Lime	124 130
Gray shale (Hard)	130 148
hard sand	148 161
Gray shale Hard	161 164
6. Bore hole dia. 6 in. Completion date: 4/15/79 Well depth 164 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"/> Lown <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material _____ Height: <input checked="" type="checkbox"/> Above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight NA lbs./ft. Dia. 6 in. to 152 ft. depth Wall Thickness _____ lbs. or Dia. _____ in. to _____ ft. depth gage No. 208 PSI	
10. Screen: Manufacturer's name STREAM NSF ASTM Type PVC Dia. 6" Slot/gauze 25/1000 Length 12 Set between 152 ft. and 164 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8 1/2"	
11. Static water level: _____ mo./day/yr. 40 ft. below land surface Date 4/15/79	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 8 g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 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 0 ft. to 10 ft.	
16. Nearest source of possible contamination: ft. 100 Direction NORTH 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: CONCRETE Slab to be INSTALLED BY CUSTOMER AT SURFACE OF GROUND HE KNOWS THIS IS A REGULATION
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. S E S DRILLING 379 Business name _____ License No. _____ Address 514 W. PALMB Signed Robert W. Phumb Date 4/15/79 Authorized representative	

T 35 S
 R 13 E
 Sec 1
 NE SE
 1/4 1/4

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

Form WWC-5