

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 POTT	Fraction NW 1/4 NW 1/4 NE 1/4	Section number 5	Township number T 6	Range number R 10	EW
2. Distance and direction from nearest town or city: 5 N 1/2 W of WHEATON, KANSAS Street address of well location if in city:			3. Owner of well: Ed Keating R.R. or street: 1 City, state, zip code: Wheaton, KANSAS 66551			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 			
5. Type and color of material			From	To	6. Bore hole dia. 5 in. Completion date Well depth 40 ft. 8-13-76	
Ream hole to 8" CleanOut and Recase					7. <input checked="" type="checkbox"/> Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary	
Clay, BROWN			0	25	8. Use: <input checked="" type="checkbox"/> Domestic ___ Public supply ___ Industry ___ Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other	
Lime Rock, White			25	30	9. Casing: Material PIST Height: Above or below Threaded ___ Welded GI Surface 16" in. RMP ___ PVC X Weight ___ lbs./ft. Dia. 5 in. to 40 ft. depth Wall Thickness: inches or Dia. ___ in. to ___ ft. depth gage No. 280	
Clay, White			30	35	10. Screen: Manufacturer's name SLOT by Driller Type PVC Dia. 5 1/2 Slot/gauze 1/4 Length 15 Set between 35 ft. and 40 ft. ft. and ___ ft.	
Lime Rock, White			35	40	Gravel pack? YES Size range of material 1/4 - 1/2	
Shale, Blue			40	42	11. Static water level: ___ mo./day/yr. 20 ft. below land surface Date 8-13-76	
					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. Yes <input checked="" type="checkbox"/> No ___ Date ___	
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 16 inches above grade	
					15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement ___ Bentonite ___ Concrete Depth: From 5 ft. to 15 ft.	
					16. Nearest source of possible contamination: ft. 100 Direction SW Type BARN 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	
			(Use a second sheet if needed)			
18. Elevation: Topography: ___ Hill <input checked="" type="checkbox"/> Slope ___ Upland ___ Valley		19. Remarks: Cement should be Poured by Customer			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. Blue Rapids Co. Business name ___ License No. ___ Address Haysville, Mo 64601 Signed C.E. Dyer Date 8-13-76 Authorized representative	

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

Form WWC-5

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