

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>Pott</b>	Fraction <b>SW 1/4 SE 1/4 SW 1/4</b>	Section number <b>6</b>	Township number <b>T 7 S R 10 E/W</b>	Range number <b>10</b>
2. Distance and direction from nearest town or city: <b>2 1/2 S 1 1/2 W of Wheaton KS</b> Street address of well location if in city:			3. Owner of well: <b>Donald R Volley</b> R.R. or street: City, state, zip code: <b>Blaine KS 66410</b>		
4. Locate with "X" in section below:		Sketch map:			
		<input checked="" type="checkbox"/> Bore hole dia. <del>10 1/2</del> <b>9 1/2</b> in. Completion date <b>3-11-77</b> Well depth <b>95</b> ft.			
5. Type and color of material		From	To	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	
Dirt Gray		0	5	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	
Clay Pink		5	10	9. Casing: Material <b>Plst.</b> Height: Above or below Threading <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Blue Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>95</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>Sch. 40</b>	
Lime Rock White		10	20	10. Screen: Manufacturer's name <b>Slot By Driller</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze _____ Length <b>30</b> Set between <b>1660</b> ft. and <b>290</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/2 - 1/4</b>	
Shale Gray		20	30	11. Static water level: _____ mo./day/yr. <b>60</b> ft. below land surface Date <b>3-11-77</b>	
Lime Rock Yellow		30	35	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.	
Shale Gray		35	45	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Clay Yellow		45	50	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
" Brown		50	60	15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>15</b> ft.	
Shale "		60	65	16. Nearest source of possible contamination: <b>SEPTIC</b> ft. <b>100</b> Direction <b>E</b> Type <b>TANK</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lime Rock White		65	75	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	
Shale Blue		75	85		
Lime Rock Yellow		85	90		
Shale Blue		95	95		
(Use a second sheet if needed)					
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>Cement slab to be Poured by Customer or owner.</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Harper Hlgs. Service 76</b> Business name _____ License No. _____ Address <b>Blue Rapids Ks.</b> Signed <b>Tom E. Harper</b> Date <b>3-11-77</b> Authorized representative	

T 7 S R 10 E/W  
SW SE SW  
1/4 1/4 1/4 1/4

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

Form WWC-5