

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

1. Location of well:		County <i>Clay</i>	Fraction <i>NW 1/4 NW 1/4 SE 1/4</i>	Section number <i>6</i>	Township number T <i>8</i> S R <i>3</i> <i>EW</i>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <i>NW edge of Clay Center</i>			3. Owner of well: <i>Salem - Gilmore</i> R.R. or street: City, state, zip code: <i>Clay Center Kansas 67432</i>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		6. Bore hole dia. <i>3 3/4</i> in. Completion date Well depth <i>55</i> ft. <i>7-5-77</i>	
5. Type and color of material			From To		7. <input 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 checked="" type="checkbox"/> Reverse rotary	
					8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <i>AC</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <i>34</i> lbs./ft. Dia. <i>16</i> in. to <i>55</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>3/4</i>	
					10. Screen: Manufacturer's name <i>Johnson</i> Type <i>transite</i> Dia. <i>16</i> Slot/groove <i>1/8</i> Length <i>26</i> Set between <i>29</i> ft. and <i>55</i> ft. <i>29</i> ft. and <i>55</i> ft. Gravel pack? <i>YES</i> Size range of material <i>18-14</i>	
					11. Static water level: <input type="checkbox"/> mo./day/yr. <i>30</i> ft. below land surface Date <i>7-5-77</i>	
(Use a second sheet if needed)					12. Pumping level below land surfaces: <i>50</i> ft. after <i>1</i> hrs. pumping <i>1000</i> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <i>1000</i> g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <i>18</i> Inches above grade	
					15. Well grouted? <i>YES</i> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
					16. Nearest source of possible contamination: <i>NONE</i> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <i>WTR</i> Model number <i>BM</i> HP <i>20</i> Volts <i>230</i> Length of drop pipe <i>52</i> ft. capacity <i>1000</i> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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. <i>Don Coyne Sr. Inc</i> <i>258</i> Business name License No. Address <i>Clifton Kansas</i> Signed <i>Thomas Coy</i> Date <i>7-5</i> Authorized representative	
					18. Elevation:	
					19. Remarks:	
					Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	

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

Form WWC-5