

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>Clay</b>	Fraction <b>NW 1/4</b> 1/4 1/4 1/4	Section number <b>9</b>	Township number <b>T 8 S</b>	Range number <b>R 3 E</b>
2. Distance and direction from nearest town or city: <b>east edge of Clay Center</b>			3. Owner of well: <b>Harry B. Umsted</b> R.R. or street: <b>306-15th</b> City, state, zip code: <b>Clay Center, Kansas</b>			
4. Locate with "X" in section below: Sketch map: N 1 Mile W E S 1 Mile				6. Bore hole dia. <b>10</b> in. Completion date Well depth <b>104</b> ft. <b>Oct 27-76</b>		
5. Type and color of material				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		
				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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From				9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>15</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>104</b> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <b>Sch 40</b>		
				10. Screen: Manufacturer's name _____ Type <b>P.V.C.</b> Dia. <b>5</b> Slot/gauze _____ Length <b>20</b> Set between <b>92</b> ft. and <b>72</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material, <b>030-050</b>		
top soil				0	4	11. Static water level: _____ mo./day/yr. <b>60</b> ft. below land surface Date <b>10-22-76</b>
clay				4	28	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.
clay Sandy				28	72	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Rocks				72	88	14. Well head completion: <b>NA</b> <input type="checkbox"/> Pitless adapter _____ Inches above grade
Shale Blue				88	104	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>23</b> ft. to <b>10</b> ft.
						16. Nearest source of possible contamination: ft. <b>1000</b> Direction <b>east</b> Type <b>Creek</b> 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)						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. <b>Shadey Drilling Co 237</b> Business name License No. _____ Address <b>Blue Rapids</b> Signed <b>Harold Shadey</b> Date <b>10-22-76</b> Authorized representative
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 8 S R 3 E Sec 9 NW 1/4

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

Form WWC-5