

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 <u>Trego</u>	Fraction <u>SE 1/4 SE 1/4 SW 1/4</u>	Section number <u>18</u>	Township number T <u>11</u> S	Range number R <u>25</u> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>4 MI W of Collyer</u>			3. Owner of well: <u>Paul Schamberger</u> R.R. or street: City, state, zip code: <u>Collyer, Ks.</u>		
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile			6. Bore hole dia. <u>19</u> in. Completion date <u>5-81</u> Well depth <u>24</u> ft.		
5. Type and color of material			7. <input checked="" type="checkbox"/> 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"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>0</u> in. to <u>24</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>214</u>		
			10. Screen: Manufacturer's name _____ Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16-1/8</u> Length _____ Set between <u>14</u> ft. and <u>24</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-3/16</u>		
			11. Static water level: _____ mo./day/yr. <u>16</u> ft. below land surface Date <u>5-81</u>		
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>2</u> g.p.m.					
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____					
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 <u>0</u> ft. to <u>10</u> ft.					
16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>SE</u> Type <u>Draw</u> 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 checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:		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. <u>B & B Dulling 376</u> Business name License No. Address <u>Shinnell, Ks</u> Signed <u>Joseph Beckman</u> Date <u>5-81</u> Authorized representative		

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

Form WWC-5