USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

Collyer

WATER WELL RECORD
KSA 82a-1201-1215

CDD

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Trego	Fraction: SE 1/4 SE 1/4 SW 1/4	Section number: 3	Township number: T 12 S	Range number: R 25 E/W

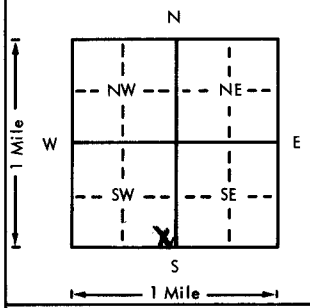
2. Distance and direction from nearest town or city: 1 E of Collyer

Street address of well location if in city:

3. Owner of well: John O'Toole
R.R. or street: Collyer, Ks. 67631
City, state, zip code:

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 8 in. Completion date 2/2/77
Well depth 88 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material plts Height: Above or below
Threaded ___ Welded gl Surface 12 in. in.
RMP ___ PVC x Weight ___ lbs./ft.
Dia. 5 in. to 88 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .250

5. Type and color of material	From	To
Silt + clay	0	50
sandstone + clay	50	65
sand + gravel	65	88
yellow clay	88	
BROCK 88		
2556		
2468		
28' good sat thick in Cg		
28' sat thin		

(Use a second sheet if needed)

10. Screen: Manufacturer's name Valley Steel
Type plts Dia. 5 in.
Slot/gauze 1/16 Length 20 ft.
Set between 68 ft. and 88 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/4 down

11. Static water level: mo./day/yr.
60 ft. below land surface Date 2/2/77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion:
___ Pitless adapter ___ Inches above grade

15. Well grouted? X
With: clay Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 20 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes X No

17. Pump: X 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

18. Elevation:

Topography:
___ Hill
___ Slope
✓ Upland
___ Valley

19. Remarks:

2556

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.
Aqua Well Drilling 281
Business name License No.
Address Gove, Ks. 67736
Signed J. M. Tuttle Date 6-20-77
Authorized representative

T 12 S R 25 W Sec 3 1/4 1/4 1/4 SE SE SW

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

Form WWC-5

MI-1023