

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 <i>Saline</i>	Fraction <i>SE 1/4 SW 1/4 NE 1/4</i>	Section number <i>35</i>	Township number <i>T 13 S</i>	Range number <i>R 2W E/W</i>
2. Distance and direction from nearest town or city: Street address of well location if in city: <i>New Cambria Kans</i>				3. Owner of well: <i>T.L. Collins</i> R.R. or street: <i>New Cambria Kans 67470</i> City, state, zip code:		
4. Locate with "X" in section below: N		Sketch map:		6. Bore hole dia. <i>6</i> in. Completion date <i>9-22-76</i> Well depth <i>52</i> ft.		
				7. <input 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 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material		From	To	9. Casing: Material _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface <i>12</i> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <i>4</i> in. to <i>52</i> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <i>Sch 40</i>		
<i>Silt & clay, tan</i>		<i>0</i>	<i>38</i>	10. Screen: Manufacturer's name <i>Seip</i>		
<i>Sand, fine to medium</i>		<i>38</i>	<i>52</i>	Type <i>S slots</i> Dia. <i>4"</i> Slot/gauze <i>3/32</i> Length <i>3'</i> Set between <i>49</i> ft. and <i>52</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>3/8</i>		
<i>gravel, clamshell, to gravel, medium</i>				11. Static water level: _____ mo./day/yr. <i>21</i> ft. below land surface Date <i>9-22-76</i>		
				12. Pumping level below land surfaces: _____ ft. after <i>42</i> hrs. pumping <i>40</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>60</i> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> 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 <i>3</i> ft. to <i>13</i> ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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:	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. <i>Hydromatic Drilling 126</i> Business name _____ License No. _____ Address <i>Saline Kans</i> Signed <i>Carl Fent</i> Date <i>10-4-76</i> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 13 S R 2W E Sec 35 SE 1/4 SW 1/4 NE 1/4

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

Form WWC-5