

WATER OR BALL
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 Trego | Fraction SE 1/4 NE 1/4 NE 1/4 | Section number 28 | Township number T 13 | Range number S R 25 | DPL EW | | | | | | | | | | | | | | | | | | | | |
|--|------------------------|---|--|--------------------------------|-------------------------------|---|--------------------|----------|-----------|-------------|-----------|-----------|-------------|-----------|-----------|--------------------|-----------|-----------|--------------------|-----------|-----------|--------------|-----------|--|--|--|
| 2. Distance and direction from nearest town or city: 9 S - 1 E - 4 S | | | 3. Owner of well: Don Harvey | | | | | | | | | | | | | | | | | | | | | | | |
| Street address of well location if in city: 4 College | | | R.R. or street: College, Kansas | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Locate with "X" in section below: <div style="text-align: center;"> </div> | | | 6. Bare hole dia. 19 in. Completion date _____ Well depth 73 ft. 1/5/77 | | | 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 checked="" type="checkbox"/> Reverse rotary | | | | | | | | | | | | | | | | | | | | |
| 8. Use: <input checked="" 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 COB Height: 100 below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 12 in. to 13 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____ | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Type and color of material | | | 10. Screen: Manufacturer's name Johnson Well Casing | | | 11. Static water level: _____ mo./day/yr. 32 ft. below land surface Date 1/5/77 | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>SILT + clay</td> <td>0</td> <td>30</td> </tr> <tr> <td>SAND</td> <td>30</td> <td>40</td> </tr> <tr> <td>CLAY</td> <td>40</td> <td>45</td> </tr> <tr> <td>SAND + clay</td> <td>45</td> <td>60</td> </tr> <tr> <td>SAND gravel</td> <td>60</td> <td>73</td> </tr> <tr> <td>shale</td> <td>73</td> <td></td> </tr> </tbody> </table> | | | | From | To | | SILT + clay | 0 | 30 | SAND | 30 | 40 | CLAY | 40 | 45 | SAND + clay | 45 | 60 | SAND gravel | 60 | 73 | shale | 73 | | Type Cement asbestos 13 in. Slot/gauge 1/8 Length 13 ft. Set between 34 ft. and 33 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 6 down | |
| | From | To | | | | | | | | | | | | | | | | | | | | | | | | |
| SILT + clay | 0 | 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| SAND | 30 | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAY | 40 | 45 | | | | | | | | | | | | | | | | | | | | | | | | |
| SAND + clay | 45 | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| SAND gravel | 60 | 73 | | | | | | | | | | | | | | | | | | | | | | | | |
| shale | 73 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 12. Pumping level below land surface: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 400 g.p.m. | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 14. Well head completion: Pitless adapter _____ inches above grade | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 15. Well grouted? yes CEMENT SLATE With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 5 ft. | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ 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 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 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 Gene, Kansas 67736 Signed J. M. [Signature] Date 1-20-77 Authorized Representative | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Elevation: | | 19. Remarks: | | | | | | | | | | | | | | | | | | | | | | | | |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Valley | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

Form WWC-5