

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 Lincoln	Fraction SE 1/4 NE 1/4 SW 1/4	Section number 36	Township number T 13	Range number S R 6W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
8 Mi NW of Brookville Ks			Tom Belcher Rt. 1 Brookville, Kans 67425			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 6 in. Completion date Well depth 70 ft. 3-11-77	
					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: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>1</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>3140</u>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Ship</u>		
<u>Colluvium:</u>				Type <u>slots</u> Dia. <u>4"</u>		
<u>Clay, silty brown</u>		<u>0</u>	<u>9</u>	Slot/gauze <u>4/16</u> Length <u>5'</u>		
<u>Kiowa fm:</u>				Set between <u>65</u> ft. and <u>70</u> ft. _____ ft. and _____ ft.		
<u>Shale, gray + yellow</u>		<u>9</u>	<u>47</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8</u>		
<u>Sandstone, fine</u>		<u>47</u>	<u>53</u>	11. Static water level: _____ mo./day/yr. <u>47</u> ft. below land surface Date <u>3-11-77</u>		
<u>Shale, light gray</u>		<u>53</u>	<u>55</u>	12. Pumping level below land surfaces: <u>50</u> ft. after <u>42</u> hrs. pumping <u>6</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ <u>12</u> g.p.m.		
<u>Sandstone, fine</u>		<u>55</u>	<u>70</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> <u>Y</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.		
				16. Nearest source of possible contamination: ft. <u>300'</u> Direction <u>SW</u> Type <u>Septic T</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:		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.	
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					<u>Hydraulic Drilling 126</u> Business name _____ License No. _____ Address <u>Salina Ks</u> Signed <u>O. J. Zant</u> Date <u>4-11-77</u> Authorized representative	

T 13
 R 6W
 Sec 36
 SE 1/4 SW 1/4

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

Form WWC-5