

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 Trego	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 4	Township number T 14 S	Range number R 25 E	DR
2. Distance and direction from nearest town or city: Street address of well location if in city:		Miles South East of Collyer		3. Owner of well: R.R. or street: City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 19 in. Completion date _____ Well depth 91 ft. 3/20/75			
				7. Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored <input checked="" type="checkbox"/> Reverse rotary			
5. Type and color of material				8. Use: Domestic _____ Public supply _____ Industry _____ <input checked="" type="checkbox"/> Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other _____			
Hackberry alluvium		From To		9. Casing: Material Coax Height: Above or below _____ Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 12 in. to 91 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. 3/4 in.			
silt and clay		0 45		10. Screen: Manufacturer's name _____ Johnson Well Casing Type cement asbestos Dia. 12 in. Slot/gauze 3/16 Length 30 ft. Set between 54 ft. and 91 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 down			
sand and gravel (color change from red to blue gravel)		45 91		11. Static water level: 45 ft. below land surface Date 3/20/75 mo./day/yr.			
Shale		90 91		12. Pumping level below land surfaces: 40 ft. after 10 hrs. pumping 1000 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 800 g.p.m.			
				13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____			
				14. Well head completion: _____ Pitless adapter _____ inches above grade			
				15. Well grouted? Cement Slab With: _____ Neat cement _____ Bentonite _____ Concrete _____ Depth: From _____ ft. to _____ 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 _____ HP _____ Volts _____ Model number _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ 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. Agua Well Drilling 201 Business name Grove, Ka. 67736 License No. _____ Address _____ Signed J. M. Tuttle Date 6-20-77 Authorized representative			
Topography: _____ Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland _____ Valley							

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

Form WWC-5