

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: <b>Trego</b>		Fraction: <b>SW 1/4 NW 1/4 NE 1/4</b>		Section number: <b>16</b>	Township number: <b>T 14</b>	Range number: <b>S R 25</b>	<b>DL</b> <b>EW</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>Collyer</b>				3. Owner of well: <b>Neff Wilds</b> R.R. or street: <b>Collyer, Ks. 67631</b> City, state, zip code:			
4. Locate with "X" in section below: Sketch map: N W --- X --- NE SW --- SE S 1 Mile				6. Bore hole dia. <u>8</u> in. Completion date <u>7/25/77</u> Well depth <u>32</u> ft.			
5. Type and color of material				7. 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
From To				9. Casing: Material <u>PLS</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>32</u> ft. depth   Wall Thickness: inches or Dia. _____ in. to _____ ft. depth   gage No. <u>250</u>			
				10. Screen: Manufacturer's name <u>Valley Steel</u> Type <u>PVC</u> Dia. <u>5 in</u> Slot/gauze <u>1/16</u> Length <u>10 ft.</u> Set between <u>22</u> ft. and <u>32</u> ft. Set between _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>down</u>			
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date <u>7/25/77</u>			
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
(Use a second sheet if needed)				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 _____ inches above grade <input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>5</u> ft.			
19. Remarks:				15. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
				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. <b>Aqua Well Drilling 281</b> Business name <b>Collyer, Ks. 67736</b> License No. _____ Address _____ Signed <u>M. Wilds</u> Date <u>10-10-77</u> Authorized representative				T R M Sec 1/4 1/4 1/4			

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

Form WWC-5