

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 26	Township number T 14 S R 25	Range number 25
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:			
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>56</u> ft. <u>3/26/78</u>			
			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			
5. Type and color of material			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			
			9. Casing: Material _____ Height: <u>above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>56</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>			
			10. Screen: Manufacturer's name <u>Peerless Plastics</u> Type <u>pvc</u> Dia. <u>5 in.</u> Slot/gauze <u>1/16</u> Length <u>10 ft.</u> Set between <u>46</u> ft. and <u>56</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1 down</u>			
			11. Static water level: _____ no./day/yr. <u>21</u> ft. below land surface Date <u>3/26/78</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.			
			13. Water sample submitted: _____ no./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
			14. Well head completion: _____ Pitless adapter _____ inches above grade			
			15. Well grouted? <input checked="" type="checkbox"/> With <u>clay</u> neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>5</u> ft.			
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input 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			
			(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 type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				<u>Aqua Well Drilling</u> <u>281</u> Business name License No. Address <u>Gove, Ka. 67736</u> Signed <u>M. J. Jantke</u> Date <u>4-78</u> Authorized representative		

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

Form WWC-5