

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 <u>Ellis</u>		Fraction <u>NW 1/4 SE 1/4 NW 1/4</u>		Section number <u>1</u>		Township number T <u>15</u> S		Range number R <u>19</u> E <u>W</u>	
2. Distance and direction from nearest town or city: <u>1 E + 3/4 S of Antonino</u>				3. Owner of well: <u>Don Butcher</u> R.R. or street: <u>Antonino Rural</u> City, state, zip code: <u>Antonino Ks.</u>					
4. Locate with "X" in section below:		Sketch map:				6. Bore hole dia. <u>7 1/8</u> in. Completion date <u>X</u> Well depth <u>19</u> ft.			
						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		From		To		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			
<u>Top Soil</u>		<u>0</u>		<u>2</u>		9. Casing: Material <u>Stein</u> Weight: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5"</u> to <u>19</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>250</u>			
<u>White clay</u>		<u>2</u>		<u>3</u>		10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>Stein</u> Dia. <u>5"</u> Slot/gauze <input type="checkbox"/> Length <u>19'</u> Set between <u>9</u> ft. and <u>19</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <u>yes</u> Size range of material <u>CMA</u>			
<u>Sand</u>		<u>3</u>		<u>5</u>		11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____			
<u>Clay</u>		<u>5</u>		<u>12</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.			
<u>Sand</u>		<u>12</u>		<u>19</u>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
<u>Shale</u>		<u>19</u>				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade			
						15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.			
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
						17. Pump: _____ 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. <u>Donper Water Well Drlg. Inc</u> Business name _____ Address <u>406 W. 24th</u> _____ Signed <u>Robert E. Dugan</u> _____ Date <u>3/1/78</u> Authorized representative _____			
18. Elevation:		19. Remarks:							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley									

T 15 - 19 E W
R 19 E W
Sec 1 - 1/4 1/4 1/4

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

Form WWC-5