

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

CAA

1. Location of well:	County <b>Bove</b>	Fraction <b>NE 1/4 NE 1/4 SW 1/4</b>	Section number <b>17</b>	Township number <b>T 15</b>	Range number <b>S R 29</b>
2. Distance and direction from nearest town or city: <b>11 N 2 1/2 E 3/4 South of Healy, Kansas</b> Street address of well location if in city:			3. Owner of well: <b>York Bros.</b> R.R. or street: <b>Box 218</b> City, state, zip code: <b>Healy, Kansas 67850</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>82</u> ft. <u>6/11/79</u>	
				7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary	
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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	
5. Type and color of material		From	To	9. Casing: Material <u>Cement Asbestos</u> Height: Above or below _____ <u>Galv Bandlock</u> Surface <u>24</u> in. Threaded _____ RMP _____ PVC _____ Weight <u>34</u> lbs./ft. Dia. <u>16</u> in. to <u>43</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>7/8"</u>	
				10. Screen: Manufacturer's name <u>Johnson Well Casing Co.</u> Type <u>Cement Asbestos</u> Dia. <u>16"</u> Slot/gauze <u>3/16"</u> Length <u>39'</u> Set between: <u>43</u> ft. and <u>82</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/4x1/2"</u>	
				11. Static water level: _____ mo./day/yr. <u>12</u> ft. below land surface Date <u>6/4/79</u>	
				12. Pumping level below land surfaces: <u>60</u> ft. after <u>4</u> hrs. pumping <u>550</u> g.p.m. <u>67</u> ft. after <u>8</u> hrs. pumping <u>800</u> g.p.m. Estimated maximum yield <u>800</u> g.p.m.	
				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>24</u> inches above grade	
				15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.	
				16. Nearest source of possible contamination: ft. <u>1000</u> Direction <u>South</u> Type <u>River</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>70</u> ft. capacity <u>500</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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. <b>Weishaar Drilling &amp; Supp 232</b> Business name License No. _____ Address <u>South City, Kansas 67871</u> Signed <u>[Signature]</u> Date <u>6/11/79</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 15 R 29 S 17 NE NE SW 1/4 1/4 1/4

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

Form WWC-5