

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

DBB

| | | | | | | |
|---|--|--------------------------------|--|---|--|--------------------------------------|
| 1. Location of well: | | County Gove | Fraction NW 1/4 NW 1/4 SE 1/4 | Section number 18 | Township number T 15 S R | Range number 29 E W |
| 2. Distance and direction from nearest town or city: 11N, 1 1/2 E, 1S of | | | 3. Owner of well: York Bros. | | | |
| Street address of well location if in city: Healy, Kansas | | | R.R. or street: City, state, zip code: Healy, KS 67850 | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | | 6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>100</u> ft. <u>5-14-77</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 type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary | |
| 5. Type and color of material | | From | To | 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 | | |
| Clay | | 0 | 65 | 9. Casing: Material <u>Asbestos Cement Banded</u> Height <u>Above</u> or below Threading <u>Welded</u> Surface <u>10</u> in. RMP <u>PVC</u> Weight <u>34</u> lbs./ft. Dia. <u>16</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7/8</u> | | |
| Sdy clay | | 65 | 70 | 10. Screen: Manufacturer's name <u>Johnson & Cook</u> Type <u>Galv. & Stainless Steel</u> <u>16 in.</u> <input checked="" type="checkbox"/> Stop gauze <u>.100</u> Length <u>36 ft.</u> Set between <u>64</u> ft. and <u>100</u> ft. _____ ft. and _____ | | |
| Fine sd clay | | 70 | 78 | Grovel pack <u>yes</u> Size range of material <u>3/4-1/4</u> | | |
| Sd clay | | 78 | 97 | 11. Static water level: _____ ft. below land surface Date <u>4-4-77</u> mo./day/yr. | | |
| Shale | | 97 | 100 | 12. Pumping level below land surfaces: <u>86</u> ft. after <u>8</u> hrs. pumping <u>450</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>450</u> g.p.m. | | |
| BROCK 97' | | | | 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 | | |
| | | | | 15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. | | |
| | | | | 16. Nearest source of possible contamination: ft. <u>1320</u> Direction <u>North</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>Worthington</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>90</u> ft. capacity <u>450</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 | | |
| 18. Elevation: | | (Use a second sheet if needed) | | 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>Weishaar Drilling</u> <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>6-7-77</u> Authorized representative | | |
| 19. Remarks: | | | | | | |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

15 29 W 18 N WNWSE
1/4 1/4 1/4

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

Form WWC-5