

collected 1-13-76

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>LANE</u>	Fraction <u>S 1/4 W 1/4 NW 1/4</u>	Section number <u>28</u>	Township number <u>T 16</u>	Range number <u>S R 28</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1/4 E 1/2 S 1/4 E of Perdenis, Kans</u>				3. Owner of well: <u>Elmer Johnson</u> R.R. or street: City, state, zip code: <u>Shields Kans 67874</u>		
4. Locate with "X" in section below: N W X E SW SE S 1 Mile Sketch map: 				6. Bore hole dia. <u>8</u> in. Completion date <u>12/27/75</u> Well depth <u>58</u> ft.		
5. Type and color of material				From	To	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
<u>Top soil</u>				<u>2</u>	<u>2</u>	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
<u>Clay</u>				<u>2</u>	<u>18</u>	9. Casing: Material <u>PLT</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>30</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>
<u>SANDY CLAY</u>				<u>18</u>	<u>30</u>	10. Screen: Manufacturer's name <u>SURFLOWER</u> <u>PUSHING PIPE</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>30</u> ft. and <u>58</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u>
<u>SAND & CLAY Layers</u>				<u>30</u>	<u>54</u>	11. Static water level: _____ mo./day/yr. <u>30</u> ft. below land surface Date <u>12/27/75</u>
<u>SOAP Stone</u>				<u>54</u>	<u>58</u>	12. Pumping level below land surfaces: <u>36</u> ft. after <u>8</u> hrs. pumping <u>5</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
						13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						14. Well head completion: <u>PITLESS TANK</u> <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
						15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>10</u> ft. to <u>5</u> ft.
						16. Nearest source of possible contamination: _____ ft. _____ Direction <u>WEST</u> Type <u>CORRAL</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: _____ Not installed Manufacturer's name <u>BOARDS</u> Model number <u>YEH03412</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>36</u> ft. capacity <u>5</u> g.p.m. Type: <input checked="" 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: <u>well 140 ft N.E. of test HOLE.</u>		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>Bruner Drilling Co 324</u> Business name _____ License No. _____ Address <u>Shields Kans</u> Signed <u>Warren C. Bruner</u> Date <u>1/13/76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 16 R 28 S 28 Sec 28

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

Form WWC-5