

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <b>Lane</b>	Fraction <b>NE 1/4 1/4 NE 1/4</b>	Section number <b>13</b>	Township number <b>T 16 S R 29</b>	Range number <b>29</b>	<b>DR</b>
2. Distance and direction from nearest town or city: <b>3 East 7 north of Healy</b>				3. Owner of well: <b>Duane Roemer</b>			
Street address of well location if in city:				R.R. or street: <b>Healy, Kansas</b>			
4. Locate with "X" in section below:				Sketch map:			
				6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>36</u> ft. <u>2/11/76</u>			
				7. <input checked="" 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			
				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			
				<input checked="" type="checkbox"/> Casing: Material <u>tile</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>36</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. _____			
5. Type and color of material		From	To				
<b>Silt + clay</b>		<b>0</b>	<b>21</b>				
<b>sand + clay</b>		<b>21</b>	<b>30</b>				
<b>sand</b>		<b>30</b>	<b>36</b>				
				10. Screen: Manufacturer's name <b>Peerless Plastics</b>			
				Type <b>PVC</b> Dia. <b>5 in</b>			
				Slot/gauze <b>40</b> Length <b>20 ft.</b>			
				Set between <b>26</b> ft. and <b>36</b> ft.			
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 down</b>			
				11. Static water level: _____ mo./day/yr. <b>26</b> ft. below land surface Date <b>2/11/76</b>			
				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: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> With <b>clay</b> neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.			
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				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. <b>Aqua Well Drilling 281</b> Business name _____ License No. _____ Address <b>Gove, Ks. 67736</b> Signed <b>J.M. Little</b> Date <b>6-20 77</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5