

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 Lane	Fraction NE 1/4 NE 1/4 NE 1/4	Section number 22	Township number T 16 S R 30 E 4	Range number 30
2. Distance and direction from nearest town or city: 3 1/2 N of Healy, Kansas			3. Owner of well: Clayton Bentley			
Street address of well location if in city: Healy, Kansas			R.R. or street: City, state, zip code: Healy, Kansas 67850			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>55</u> ft. <u>8-3-77</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		
5. Type and color of material		From	To	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		
Top soil		0	4	9. Casing: Material <u>Plas.</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Glue Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia <u>5</u> in. to <u>35</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
Sd coarse		4	18	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> Cloth gauze <u>1/16</u> Length <u>20 ft.</u> Set between <u>35</u> ft. and <u>55</u> ft. _____ ft. and _____ ft.		
Sd med		18	27	Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>		
Clay		27	33	11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>8-2-77</u>		
Sd coarse		33	48	12. Pumping level below land surfaces: <u>35</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>4</u> g.p.m.		
Clay		48	51	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Sd coarse		51	53	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Clay yellow		53	55	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>15</u> ft.		
(Use a second sheet if needed)				16. Nearest source of possible contamination: <u>Feed Lot</u> ft. <u>2640</u> Direction <u>East</u> Type <u>Lot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Aetmotor</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>50</u> ft. capacity <u>4</u> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <u>Windmill</u> <input checked="" type="checkbox"/> Other		
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. <u>Weishaar Drilling</u> <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>8-24-77</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 16 S 30 E 4
R 30 E 4
Sec 22 NE NE NE NE
1/4 1/4 1/4 1/4

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

Form WWC-5