

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 <b>Lane</b>	Fraction <b>NE 1/4 NE 1/4 NW 1/4</b>	Section number <b>23</b>	Township number T <b>16</b> S R	Range number <b>30</b> E <b>W</b>
2. Distance and direction from nearest town or city: <b>3 1/2 N, 1/2 E of</b>			3. Owner of well: <b>Clayton Bentley</b>			
Street address of well location if in city: <b>Healy, Kansas</b>			R.R. or street: City, state, zip code: <b>Healy, KS 67850</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>125</u> ft. <u>8-12-77</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		
				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		
				9. Casing: Material <u>Plas.</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>Clue</u> 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>105</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gauge No. <u>250</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b>		
<b>Clay</b>		<b>0</b>	<b>10</b>	Type <u>RMP</u> Dia. <u>5 in.</u>		
<b>Sd coarse</b>		<b>10</b>	<b>35</b>	Slot/gauge <u>1/16</u> Length <u>20 ft.</u>		
<b>Fine sd clay</b>		<b>35</b>	<b>51</b>	Set between <u>105</u> ft. and <u>125</u> ft.		
<b>Rock H</b>		<b>51</b>	<b>54</b>	Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>		
<b>Sd coarse</b>		<b>54</b>	<b>65</b>	11. Static water level: _____ mo./day/yr. <u>95</u> ft. below land surface Date <u>8-11-77</u>		
<b>Sd rock H</b>		<b>65</b>	<b>73</b>	12. Pumping level below land surfaces: <u>105</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.		
<b>Fine sd clay</b>		<b>73</b>	<b>92</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<b>Sd coarse</b>		<b>92</b>	<b>100</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
<b>Fine sd</b>		<b>100</b>	<b>105</b>	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.		
<b>Sd coarse</b>		<b>105</b>	<b>121</b>	16. Nearest source of possible contamination: <u>Feed Lot</u> ft. _____ Direction <u>IN</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>Aermotor</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>120</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 checked="" type="checkbox"/> Centrifugal <u>Windmill</u> <input type="checkbox"/> Other		
				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</b> <u>232</u> Business name License No. _____ Address <u>Scott City, KS 67871</u> Signed _____ Date _____ Authorized representative <u>8-24-77</u>		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

16 300E 23 NE 1/4 1/4 1/4

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

Form WWC-5