

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 SE 1/4 SE 1/4 NE 1/4	Section number 27	Township number T 16 S	Range number R 30
2. Distance and direction from nearest town or city: 2 1/2 miles North of Healy Street address of well location if in city:			3. Owner of well: Clayton S. Bentley R.R. or street: City, state, zip code: Healy, KS 67850		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: About 10 acres Cedar Grove WELL County Road fence		6. Bore hole dia. 9 in. Completion date 1-10-78 Well depth 169 ft.	
5. Type and color of material		From	To	7. 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	
Dirt and soil		0	5	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	
Clay with gyp streaks		5	30	9. Casing: Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 149 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 0.650	
Sand rock		30	32	10. Screen: Manufacturer's name Peerless Plastic Type PVC Dia. 5" Slot/gauze 0.040 Length 20' Set between 150 ft. and 169 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8" down	
Clay with gyp streaks		32	43	11. Static water level: _____ mo./day/yr. 129 ft. below land surface Date 1-10-78	
Gyp with clay streaks		43	65	12. Pumping level below land surfaces: 12 ft. after 1 hrs. pumping 5 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 800 g.p.m.	
Gyp		65	75	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Fine sand		75	83	14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ Inches above grade	
Sand, cemented		83	90	15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.	
Medium sand, loose		90	95	16. Nearest source of possible contamination: cattle in pasture ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sand with clay streaks		95	103	17. Pump: _____ Not installed Manufacturer's name Monitor (owners) Model number _____ HP 1/2 Volts 115 Length of drop pipe 147 ft. capacity 5 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 checked="" type="checkbox"/> Other jack	
Medium sand		103	123	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. ABC DRILLING, INC 246 Business name _____ License No. _____ Address Scott City, KS 67871 Signed Scott City Date 2-1-78 Authorized representative	
Medium sand, with clay streaks		123	144		
Sand, coarse, loose		144	169		
Blue shale		170			
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: Estimated yield would be with larger casing			

1-6-300-27 SESENE

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

Form WWC-5