

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 NW 1/4 NW 1/4 NE 1/4	Section number 28	Township number T 16 S R 30 E/W	Range number 30	
2. Distance and direction from nearest town or city: 8N, 14E, 3 1/2 mi.			3. Owner of well: Keith Cramer				
Street address of well location if in city: 1/2 E, 1/4 S of Scott City, KS			R.R. or street: City, state, zip code: Healy, KS 67850				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>172</u> ft. <u>3-28-76</u>			
		<p style="text-align: center;">Septic</p> <p style="text-align: center;">X well 1/2 mi.</p>		7. Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary			
				8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
5. Type and color of material		From	To	9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP _____ PVC _____ Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>172</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.188</u>			
Clay		0	15	10. Screen: Manufacturer's name Free Flow			
Gyp		15	27	Type <u>Prime Steel</u> Dia. <u>16 in.</u> Slot gauze <u>.125</u> Length <u>30 ft.</u> Set between <u>142</u> ft. and <u>172</u> ft. ft. and _____ ft.			
Clay		27	42	Gravel pack? <u>yes</u> Size range of material <u>3-4</u>			
Fine sd clay T		42	50	11. Static water level: _____ mo./day/yr. <u>117</u> ft. below land surface Date <u>2-3-76</u>			
Sd rock		50	52	12. Pumping level below land surfaces: <u>162</u> ft. after <u>4</u> hrs. pumping <u>400</u> g.p.m. <u>165</u> ft. after <u>4</u> hrs. pumping <u>410</u> g.p.m. Estimated maximum yield <u>410</u> g.p.m.			
Clay		52	57	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
Sd rock		57	59	14. Well head completion: Pitless adapter _____ inches above grade <input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>16</u> ft.			
Fine sd clay T		59	81	16. Nearest source of possible contamination: ft. <u>2640</u> Direction <u>SW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Sd coarse		107	110	17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>160</u> ft. capacity <u>410</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other _____			
XXX Fine sd clay		110	141	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. Weishaar Drilling <u>232</u> Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signature _____ Authorized representative <u>7-21-76</u>			
Sd coarse		141	156				
Clay		156	158				
Sd coarse		158	159				
Clay (Use a second sheet if needed)		159	160				
18. Elevation:	19. Remarks:	Sd coarse	160	170			
		Yellow	170	173			
		Shale	173	175			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 16 S 30 E R 30 E/W
 Sec 28 NW 1/4 NE 1/4

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

Form WWC-5