

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>SW 1/4 SE 1/4 SW 1/4</b>	Section number <b>30</b>	Township number <b>T 17 S R 28 #W</b>	Range number <b>28</b>
X Distance and direction from nearest town or city: <b>4 Miles North</b> <del>SW 1/4 SE 1/4 SW 1/4 Kansas</del> Street address of well location or in city: <b>1/4 Mile EAST OF DIGHTON KANSAS</b>			3. Owner of well: <b>Bill Bryant</b> R.R. or street: City, state, zip code: <b>Dighton, Kansas 67839</b>			
4. Locate with "X" in section below:		Sketch map:		X Bore hole dia. <u>9</u> in. Completion date <u>4/11/79</u> Well depth <u>125</u> ft.		
		x Well 150' x Hoglot		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		
5. Type and color of material				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		
				X Casing: Material <u>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>glue</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>9</u> in. to <u>105</u> ft. depth; Wall Thickness: inches or Dia. <u>  </u> in. to <u>  </u> ft. depth; gage No. <u>250</u>		
				10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>105</u> ft. and <u>125</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4 x 1/8"</u>		
				11. Static water level: <u>82</u> ft. below land surface Date <u>4/11/79</u> mo./day/yr.		
				12. Pumping level below land surfaces: <u>NA</u> <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. Estimated maximum yield <u>  </u> g.p.m.		
				13. Water sample submitted: <u>  </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>  </u>		
				14. Well head completion: <u>12</u> Inches above grade <input type="checkbox"/> Pitless adapter		
				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.		
				16. Nearest source of possible contamination: <u>150'</u> ft. Direction <u>South</u> Type <u>Hoglot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>  </u> Model number <u>  </u> HP <u>  </u> Volts <u>  </u> Length of drop pipe <u>  </u> ft. capacity <u>  </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 <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 &amp; supply 232</b> Business name <u>Scott City, Kansas 67871</u> License No. <u>  </u> Address <u>  </u> Signed <u>[Signature]</u> Date <u>4/11</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5