

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

HEALY

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

BCB

1. Location of well:		County <b>Lane</b>	Fraction <b>N/W 1/4 S/W 1/4 N/W 1/4</b>	Section number <b>1</b>	Township number <b>T 17 S</b>	Range number <b>R 30 W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1 E., 3/4 N. Healy, Kansas</b>			3. Owner of well: R.R. or street: <b>Karl B. Jennison</b> City, state, zip code: <b>Healy, Kansas 67850</b>			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <b>Septic Well</b> <b>X ----- 75 ----- X</b>		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>173</u> ft. <u>11-29-1978</u>		
5. Type and color of material		clay		From	To	7. <input 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
		gyp		20	37	
		clay		37	48	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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
		sand rock		48	57	
		fine sand clay		57	106	9. Casing: Material <u>Plastic</u> Height: Above or below Threaded _____ Welded <u>Glue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>153</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>.250</u>
		fine sand		106	117	
		sand coarse		117	150	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>153</u> ft. and <u>173</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8"</u>
		clay		150	152	
		fine sand clay		152	155	11. Static water level: _____ mo./day/yr. <u>118</u> ft. below land surface Date <u>11-28-78</u>
		sand med.		155	165	
		sand coarse		165	173	12. Pumping level below land surfaces: <u>130</u> ft. after <u>2</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.
		yellow		173		
18. Elevation:		19. Remarks: <b>2845 (TOPO)</b>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				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: ft. <u>75</u> Direction <u>West</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>N9RC</u> HP <u>1/2</u> Volts <u>110</u> Length of drop pipe <u>160</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ 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; Sup. 232</b> Business name _____ License No. _____ Address <u>South City, KS 67871</u> Signature <u>[Signature]</u> Date <u>12-6-</u> Authorized representative		

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

Form WWC-5

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