

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 N/W 1/4 S/W 1/4 N/E 1/4	Section number 28	Township number T 18 S R 27 #E/W	Range number
2. Distance and direction from nearest town or city: 1/4 West of Almota, Kansas Street address of well location if in city:			3. Owner of well: Edwin Habiger R.R. or street: Alamota, Kansas 67830 City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: Well septic X ----- 1000' ----- X		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>47</u> ft. <u>6-23-1978</u>
clay			0	25	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
fine sand			25	27	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 T			27	28	9. Casing: Material <u>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>glue</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>27</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.250</u>
med. sand clay			28	34	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>20'</u> Set between <u>27</u> ft. and <u>47</u> ft. _____ ft. and _____ ft.
Sand rock H			34	42	Gravel pack? <u>Yes</u> Size range of material <u>1/4 X 1/8"</u>
Shale			42	47	11. Static water level: _____ mo./day/yr. <u>34</u> ft. below land surface Date <u>6/23/1978</u>
					12. Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <u>NA</u> <input type="checkbox"/> Pitless adapter _____ 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>1000</u> Direction <u>East</u> Type <u>Septic</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 _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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
			(Use a second sheet if needed)		
18. Elevation:	19. Remarks: Well to be completed by others.		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 & Sup. 232 Business name License No. _____ Address <u>South City, Kansas 67871</u> Signed <u>[Signature]</u> Date <u>7/20/78</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5