

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 NE 1/4 SW 1/4 SW 1/4	Section number 2	Township number T 18 S R 30 E	Range number 30
2. Distance and direction from nearest town or city: 16E, 2N, 1/2E, 1/2N				3. Owner of well: Wilson West		
Street address of well location if in city: 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>16</u> in. Completion date _____ Well depth <u>136</u> ft. <u>3-9-76</u>	
		<p style="text-align: center;">Septic</p> <p style="text-align: center;">↑ 1 mi.</p> <p style="text-align: center;">X well</p>			7. <input type="checkbox"/> 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	
5. Type and color of material					8. Use: <input type="checkbox"/> 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	
					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>136</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.188</u>	
		From To			10. Screen: Manufacturer's name _____ Johnson	
Clay		0 32			Type <u>Galv. Steel</u> Dia. <u>16 in.</u> Slot/gauze <u>.100</u> Length <u>20 ft.</u> Set between <u>116</u> ft. and <u>136</u> ft. _____ ft. and _____ ft.	
Gyp		32 49			Gravel pack? <u>yes</u> Size range of material <u>3/4-1</u>	
Clay		49 55			11. Static water level: _____ mo./day/yr. <u>86</u> ft. below land surface Date <u>1-22-76</u>	
Sd rock		55 62			12. Pumping level below land surfaces: <u>120</u> ft. after <u>4</u> hrs. pumping <u>360</u> g.p.m. <u>125</u> ft. after <u>4</u> hrs. pumping <u>370</u> g.p.m. Estimated maximum yield <u>370</u> g.p.m.	
Fine sd clay		62 88			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
Sd rock		88 90			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade <input checked="" type="checkbox"/> Well grouted? _____ With: <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.	
Fine sd clay		90 111			16. Nearest source of possible contamination: ft. <u>5280</u> Direction <u>N</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sd coarse		111 122			17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>130</u> ft. capacity <u>370</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
Sd rock		122 126			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 232 Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signature _____ Date _____ Authorized representative <u>7-21-76</u>	
Sd coarse		126 128				
Clay yellow		128 133				
Shale		133 135				
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

18 30 W 2 NESUBD
R
Sec 1/4 1/4 1/4

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

Form WWC-5