

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>N/E 1/4 N/E 1/4 N/E 1/4</b>	Section number <b>5</b>	Township number <b>T 18 S R 30 #W</b>	Range number
2. Distance and direction from nearest town or city: <b>2 1/2 W., 3 N. of Amy, Kansas</b> Street address of well location if in city:			3. Owner of well: <b>Wayne Doll</b> R.R. or street: <b>Healy, Kansas 67850</b> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <b>X well</b> ↑ 100' ↓ <b>X Feed lot</b>		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>132</u> ft. <u>3-7-1979</u>	
5. Type and color of material		clay	From 0	To 21	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
		gyp	21	35	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
		clay	35	42	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>112</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>250</u>
		sand rock	42	45	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>112</u> ft. and <u>132</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/4 X 1/8"</u>
		sand coarse	45	48	11. Static water level: _____ mo./day/yr. <u>75</u> ft. below land surface Date <u>3/7/79</u>
		sand rock	48	51	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.
		fine sand	51	65	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
		sand rock	65	70	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ <u>12</u> inches above grade
		sand coarse	70	85	15. Well grouted? <input checked="" type="checkbox"/> yes 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.
		sand fine med.	85	90	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>south</u> Type <u>Feedlot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
fine sand clay	90	99	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		
sand rock	99	101	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> Sign: <u>Wayne Doll</u> Date <u>3-21-79</u> Authorized representative		
fine sand clay	101	111			
sand coarse	111	127			
yellow	127	132			
sand coarse	127	132			
shale	132				
18. Elevation:		19. Remarks: (Use a second sheet if needed)			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 18 S R 30 W E 1/4 N/E 1/4 N/E 1/4

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

Form WWC-5