

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 SE 1/4 NE 1/4 NE 1/4	Section number 24	Township number T 18 S R 30	
2. Distance and direction from nearest town or city: 1 1/2 Miles East of Amy, Kansas Street address of well location if in city:			3. Owner of well: Perry Owen R.R. or street: RFD City, state, zip code: Dighton, Kansas 67839		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>95</u> ft. <u>6/21/79</u>	
		<p style="text-align: center;">N NW --- NE X SW --- SE</p> <p style="text-align: center;">W --- E</p> <p style="text-align: center;">S</p> <p style="text-align: center;">1 Mile</p>		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	
5. Type and color of material		From	To	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		0	17	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>75</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.250</u>	
Gyp		17	27	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>75</u> ft. and <u>95</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4 x 1/8"</u>	
Sand		27	36	11. Static water level: _____ mo./day/yr. <u>60</u> ft. below land surface Date <u>6/21/79</u>	
Rock		36	44	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.	
Clay		44	61	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
Fine sand clay streaks		61	83	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
Sand fine to Medium		83	87	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.	
Clay		87	89	16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>SE</u> Typ <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____	
Sand Cemented		89	92	17. Pump: <input checked="" type="checkbox"/> Nat 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	
Clay yellow		92	95	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 _____ Date <u>6/21/79</u> Authorized representative	
(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					

T 18 S R 30 E 24
 SE NE NE
 1/4 1/4 1/4

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

Form WWC-5