

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

WATER WELL RECORD  
KSA 820-1201-1215

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

1. Location of well:		County <b>Lane</b>	Section number <b>17</b>	Township number <b>T 19 S R 28</b>	Range number <b>28</b>
2. Distance and direction from nearest town or city: <b>6 Miles South 2 E 1/4 N of Dighton, Kansas</b> Street address of well location if in city:			3. Owner of well: <b>Marion Thomas</b> R.R. or street: City, state, zip code: <b>Dighton, Kansas 67839</b>		
4. Locate with "X" in section below: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> </div> <div style="margin-left: 20px;"> <p>Sketch map:</p> <p style="text-align: center;">← 200' →</p> <p><b>X Well</b>                      <b>X Barnyard</b></p> </div> </div>		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>67</u> ft. <u>6/11/79</u>			
5. Type and color of material		From	To	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	
				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	
				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>0</u> in. to <u>52</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>	
				10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>15'</u> Set between <u>52</u> ft. and <u>67</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/8</u>	
				11. Static water level: _____ mo./day/yr. <u>52</u> ft. below land surface Date <u>6/11/79</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: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> 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: <u>200</u> ft. Direction <u>East</u> Type <u>Barn</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	
				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>232</b> <u>Weishaar Drilling &amp; Supply</u> Business name License No. _____ Address <u>Scott City, Kans 67871</u> Signed <u>[Signature]</u> Date <u>[Date]</u> Authorized representative	
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5