

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 <i>Nowell</i>	Fraction <i>C 1/4 NE 1/4</i>	Section number <i>4</i>	Township number <i>T 27 S</i>	Range number <i>R 18 E/W</i>	
2. Distance and direction from nearest town or city: <i>5.5-1/4 W - US 9 centerline No.</i>			3. Owner of well: <i>Allen Simpson</i> R.R. or street: City, state, zip code: <i>Lewis, KS</i>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <i>2 1/2</i> in. Completion date Well depth <i>145</i> ft. <i>7-26-76</i>		
					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 type="checkbox"/> Reverse rotary		
5. Type and color of material		From		To		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	
<i>Randy top soil</i>		<i>0</i>		<i>3</i>		9. Casing: Material <i>STEEL</i> Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <i>1 1/2</i> in. to <i>1 1/2</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>799A</i>	
<i>Brown clay</i>		<i>3</i>		<i>7</i>		10. Screen: Manufacturer's name <i>Deercks</i> Type <i>STEEL</i> Dia. <i>1 1/2</i> Slot/gauze <i>3/16</i> Length <i>60</i> Set between <i>80</i> ft. and <i>145</i> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/2-3/4-1/2"</i>	
<i>Gray clay</i>		<i>7</i>		<i>13</i>		11. Static water level: _____ mo./day/yr. <i>36</i> ft. below land surface Date <i>4-19-76</i>	
<i>Sand + gravel w/ reddish clay</i>		<i>13</i>		<i>43</i>		12. Pumping level below land surfaces: <i>36</i> ft. after <i>1</i> hrs. pumping <i>1000</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>1200</i> g.p.m.	
<i>Sand + gravel</i>		<i>43</i>		<i>96</i>		13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>4-19-76</i>	
<i>Brown clay w/ white rock</i>		<i>96</i>		<i>104</i>		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
<i>Sand + gravel</i>		<i>104</i>		<i>111</i>		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
<i>Brown clay</i>		<i>111</i>		<i>119</i>		16. Nearest source of possible contamination: ft. <i>None</i> Direction <i>NE</i> Type <i>septic tank</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Sand + gravel</i>		<i>119</i>		<i>149 1/2</i>		17. Pump: _____ Not installed Manufacturer's name <i>Jackyze</i> Model number <i>412LS</i> HP <i>20</i> Volts _____ Length of drop pipe <i>70</i> ft. capacity <i>900</i> 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	
<i>Hard Brown clay</i>		<i>149 1/2</i>		<i>150</i>		(Use a second sheet if needed)	
18. Elevation:		19. Remarks:				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. <i>Kasensich - Bmi 134</i> Business name _____ License No. _____ Address <i>East 2nd St</i> Signed <i>Freddie Anderson</i> Date <i>9/11/76</i> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

27
 18
 W
 E
 4
 CNE
 1/4
 1/4
 1/4

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

Form WWC-5