

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 SUMNER	Fraction NE 1/4 NE 1/4 SE 1/4	Section number 15	Township number T 32 S	Range number R 1 W E (NW)				
2. Distance and direction from nearest town or city: Street address of well location if in city: 721 W. HARVEY WELLINGTON, KAN			3. Owner of well: DALE HALL R.R. or street: 721 W HARVEY City, state, zip code: WELLINGTON, KANSAS						
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> E S 1 Mile</div>			NW	NE	SW	SE	Sketch map: <div style="text-align: center;">X</div>		
NW	NE								
SW	SE								
5. Type and color of material			From	To	6. Bore hole dia. 8 in. Completion date 10/9/78 Well depth 46 ft.				
Top soil			0	15	7. <input checked="" 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				
Light BWN clay			15	30	8. Use: <input 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other				
Light BWN sandy clay - water bearing			30	35	9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12" H in. RMP <input checked="" type="checkbox"/> PVC Weight <input type="checkbox"/> lbs./ft.				
Light BWN sand & gravel			35	40	Dia. 6 in. to 46 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 189				
sand & gravel up to 3" stones			40	45	10. Screen: Manufacturer's name CONTR. PERF.				
BLUE shale			45	46	Type SAW Dia. 1/16" Slot/gauze SLOT Length 3" Set between 33 ft. and 45 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 14-58				
					11. Static water level: <input type="checkbox"/> mo./day/yr. 25 ft. below land surface Date 10/9/78				
					12. Pumping level below land surfaces: 30 ft. after 3 hrs. pumping 33 g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 40 g.p.m.				
					13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>				
					14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade				
					15. Well grouted? <input checked="" type="checkbox"/> YES With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.				
					16. Nearest source of possible contamination: NONE ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name LAPOULDS Model number 25EL10412 HP 1 Volts 230 Length of drop pipe 40 ft. capacity 33 g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				
(Use a second sheet if needed)									
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. LENEC. WATKINS 374 Business name License No. Address P.O. Box - Milan, Kan Signed Gene C. Watkins Date 11/4/78 Authorized representative						

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

Form WWC-5