

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 Seward	Fraction NE 1/4 NW 1/4 SE 1/4	Section number 16	Township number T 34 S R 32 E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
4. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>280</u> ft. <u>1-12-80</u>			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		
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>pvc</u> Height: Above or below _____ Threaded _____ Welded _____ Surface <u>24"</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>4</u> ft. depth _____ Wall Thickness _____ inches or Dia. <u>5</u> in. to <u>280</u> ft. depth _____ gauge No. <u>.280</u>		
5. Type and color of material			10. Screen: Manufacturer's name <u>Pumpco</u> <u>Hand slotted casing</u> Type <u>pvc</u> Dia. <u>5</u> Slot/_____ <u>1/8 x 4"</u> Length <u>60'</u> Set between <u>200</u> ft. and <u>220</u> ft. <u>240</u> ft. and <u>280</u> ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>18-14</u>		
Top Soil			From 0 To 2		
Clay			From 2 To 5		
Fine Sand & Silt			From 5 To 30		
Fine Sand & Clay			From 30 To 78		
Clay			From 78 To 95		
Clay & Med Sand			From 95 To 180		
Coarse Sand & Gravel			From 180 To 205		
Limestone 6" to 24" Stra.			From 205 To 230		
Med. Sand & Clay Stra.			From 230 To 280		
			11. Static water level: _____ mo./day/yr. <u>189</u> ft. below land surface Date <u>1-12-80</u>		
			12. Pumping level below land surfaces: <u>N/A</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> 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 checked="" type="checkbox"/> Pitless adapter _____ Inches above grade		
			15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>14</u> ft.		
			16. Nearest source of possible contamination: ft. <u>53</u> Direction <u>N</u> Type <u>Sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: _____ Not installed Manufacturer's name <u>Aermoter</u> Model number <u>200s</u> HP <u>2</u> Volts <u>230</u> Length of drop pipe <u>260</u> ft. capacity <u>20</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other		
(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. <u>Combs Engineering</u> <u>342</u> Business name _____ License No. _____ Address <u>39 Turpin ok. 73950</u> Signed <u>Neal Combs</u> Date <u>1-12-80</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

34 33 16 NE 1/4 SE 1/4

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

Form WWC-5