

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 Thomas	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 21	Township number T 7 S	Range number R 35 E/W
2. Distance and direction from nearest town or city: From Levant; 4 North; 2 West Street address of well location if in city:			3. Owner of well: Neal Rush R.R. or street: City, state, zip code: E Levant, KS		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. 30 in. Completion date 12-22-76 Well depth 249 ft.	
5. Type and color of material		From	To	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 checked="" type="checkbox"/> Reverse rotary	
Top Soil		0	120	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	
Med. Coa. Sand, Small Gravel		120	175	9. Casing: Material Steel Height: Above or below XXXX Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight .188 lbs./ft. Dia. 16 in. to 139 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. #7	
Coa. Sand, Clay Streaks		175	180	10. Screen: Manufacturer's name Brown Type Regular Dia. 16 Slot/gauze 10% Length 100 Set between 139 ft. and 239 ft. 10 Cook 239 ft. and 249 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 5/8 50% #1	
Sandy Clay		180	184	11. Static water level: <input type="checkbox"/> mo./day/yr. 122 ft. below land surface Date 12-24-76	
Fine Med. Sand, Clay <input checked="" type="checkbox"/> Lenses		184	197	12. Pumping level below land surfaces: 246 ft. after 2 hrs. pumping 1963 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield XXXX 1963 g.p.m.	
Med. Sand		197	200	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
Sandy Clay		200	204	14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
Med. Coarse Sand		204	210	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Clay XXXX Depth: From 0 ft. to 10 ft.	
Clay Lenses, Med. Coarse Sand		210	215	16. Nearest source of possible contamination: ft. 1/2 M Direction E Type KA Farm Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Med. Sand		215	220	17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Floway Model number 85049 HP 125 Volts <input type="checkbox"/> Length of drop pipe 240 ft. capacity <input type="checkbox"/> 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	
Med. to Coarse Sand		220	238	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. Western Well & Pump 245 Business name License No. Address Box 852, Colby, KS 67701 Signed Sally Berry Date 1/4/77 Authorized representative	
Med. to Coarse Sand, Gravel		238	248		
Ochre, Shale		248	249		
BROCK 248'					
(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					

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

Form WWC-5