

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 <b>Rooks</b>	Fraction <b>1/4 SE 1/4 NE 1/4</b>	Section number <b>34</b>	Township number <b>9 N</b>	Range number <b>18 E/W</b>
2. Distance and direction from nearest town or city: <b>S.W. 1/4 mile</b>			3. Owner of well: <b>Ned Colburn</b>			
Street address of well location if in city: <b>1109 S.W. 9th</b>			R.R. or street: <b>1109 S.W. 9th</b>			
			City, state, zip code: <b>Plainville, Ks 67663</b>			
4. Locate with "X" in section below:		Sketch map:				
		<p style="text-align: center;"><b>test Hole 3</b></p>				
5. Type and color of material		Test Hole #3		From	To	6. Bore hole dia. <b>5</b> in. Completion date <b>8-7-77</b>
Alluvial				0	3	Well depth <b>43</b> ft.
Brown Clay				3	27	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
Fine sand				27	42	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
Brown Clay				42	45	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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other
						9. Casing: Material _____ Height: Above or below
						Threaded _____ Welded _____ Surface _____ in.
						RMP _____ PVC _____ Weight _____ lbs./ft.
						Dia. _____ in. to _____ ft. depth Wall Thickness: inches or
						Dia. _____ in. to _____ ft. depth gage No. _____
						10. Screen: Manufacturer's name
						<b>NO CASING RUN</b>
						Type _____ Dia. _____
						Slot/gauze _____ Length _____
						Set between _____ ft. and _____ ft.
						Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>medium</b>
						11. Static water level: <b>test Hole</b> mo./day/yr.
						_____ ft. below land surface Date _____
						12. Pumping level below land surfaces:
						_____ 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 _____ inches above grade
						15. Well grouted? <b>Yes Plugged</b>
						With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete
						Depth: From <b>2</b> ft. to <b>32</b> ft.
						16. Nearest source of possible contamination:
						ft. <b>50</b> Direction <b>west</b> Type <b>horizontal</b>
						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
18. Elevation:		19. Remarks:				20. Water well contractor's certification:
Topography:		<b>Witnesses</b> <b>Bram Gross</b> <b>Gerald Colburn</b> <b>Terry Gordon</b>				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
<input type="checkbox"/> Hill						Business name _____ License No. _____
<input type="checkbox"/> Slope						Address <b>Water Well Sales 2801</b>
<input checked="" type="checkbox"/> Upland						Signed <b>Terry Gordon</b> Date <b>8-30</b>
<input type="checkbox"/> Valley						Authorized representative

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

Form WWC-5