

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

PUMP SET:

1. Location of well:	County Thomas	Fraction SW 1/4 NE 1/4 SW 1/4	Section number 9	Township number T 9 S	Range number R 34 E/W
2. Distance and direction from nearest town or city: Colby- 7 3/4 S; Street address of well location if in city: 3 3/4 West			3. Owner of well: Leland McIlroy R.R. or street: City, state, zip code: Colby, KS 67701		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 6. Bore hole dia. 30 in. Completion date 9-11-76 Well depth 239 ft. 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 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 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 _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____ 11. Static water level: _____ 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. _____ Yes _____ No Date _____ 14. Well head completion: _____ Pitless adapter _____ Inches above grade 15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft. 16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No 17. Pump: _____ Not installed Manufacturer's name Floway Model number 85097 HP 75 Volts 480 Length of drop pipe 230 ft. capacity _____ 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 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 Address Box 852 Colby, KS 67701 License No. _____ Signed Dolly Berry Date 2/25/77 Authorized representative		
5. Type and color of material			From	To	
Well completion report filed on					
October 29, 1976. Pump installation					
was not requested at that time.					
Well Depth 239					
B.R. Depth 236'					
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:				
Topography: ____ Hill ____ Slope <input checked="" type="checkbox"/> Upland ____ Valley	(TOPO) 3247				

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

Form WWC-5