

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 POITAWATOMIE	Fraction NW1/4 NW1/4 NW1/4	Section number 1	Township number T 10 S R 11 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: <input checked="" type="checkbox"/> R.R. or street: City, state, zip code:														
2. Distance and direction from nearest town or city: 3 W OF ST MARY'S			3. Owner of well: PAUL SUTHERLAND RR ST. MARY'S, KS. 66536														
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>50</u> ft. <u>4-29-77</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													
5. Type and color of material		From	To	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 <u>9L</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>258</u>													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">TOP SOIL</td> <td style="width:10%; text-align: center;">0</td> <td style="width:10%; text-align: center;">6</td> <td style="width:30%;"></td> </tr> <tr> <td style="text-align: center;">Clay, BROWN</td> <td style="text-align: center;">6</td> <td style="text-align: center;">38</td> <td></td> </tr> <tr> <td style="text-align: center;">GRAVEL</td> <td style="text-align: center;">38</td> <td style="text-align: center;">50</td> <td></td> </tr> </table>		TOP SOIL	0	6		Clay, BROWN	6	38		GRAVEL	38	50				10. Screen: Manufacturer's name _____ <u>PUMPCC</u> Type <u>PVC</u> Dia. <u>5</u> Slot gauze <u>0.20</u> Length <u>10</u> Set between <u>40</u> ft. and <u>50</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>0.30 x 0.60</u>	
TOP SOIL	0	6															
Clay, BROWN	6	38															
GRAVEL	38	50															
				<input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. <u>31</u> ft. below land surface Date <u>4-29-77</u>													
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ <u>30</u> g.p.m.													
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____													
				14. Well head completion: <u>CAP</u> _____ Pitless adapter <u>24</u> inches above grade													
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>5</u> ft. to <u>15</u> ft.													
				16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>S</u> Type <u>SEPTIC</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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													
		(Use a second sheet if needed)															
18. Elevation:		19. Remarks:		20. Water well contractor's certification:													
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		OWNER TO INSTALL S&B		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. STRAIDER DELG Co Inc 182 Business name License No. Address RT1 HOLTEN KS Signed Dale Gibson Date 5-3-77 Authorized representative													

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

Form WWC-5