

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 Pottawatomie	Fraction SE 1/4 NW 1/4	Section number 3	Township number T 10 S R 11 E	Range number 11 E
2. Distance and direction from nearest town or city: 1/4 Mi. South of Belvue, Kansas Street address of well location if in city:				3. Owner of well: Kansas Power & Light Co. R.R. or street: 818 Kansas Ave. City, state, zip code: Topeka, Kansas		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>4</u> in. Completion date _____ Well depth <u>60</u> ft. <u>7/22/77</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	
					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 <input checked="" type="checkbox"/>	
5. Type and color of material		From	To	9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>48</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>0.676</u> lbs./ft. Dia. <u>2</u> in. to <u>60</u> ft. depth Wall Thickness: inches of _____ Dia. _____ in. to _____ ft. depth _____ <u>0.154</u> "		
Top soil		0	2	10. Screen: Manufacturer's name <u>Layne</u> Type <u>PVC</u> Dia. <u>2"</u> Slot/gauze <u>0.100"</u> Length <u>10'</u> Set between <u>50</u> ft. and <u>60</u> ft. ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8-1/4</u>		
Brown clay		2	7	11. Static water level: _____ mo./day/yr. <u>21</u> ft. below land surface Date <u>7/22/77</u>		
Fine to coarse sand to med. gravel		7	18	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.		
Med. to coarse sand & gravel		18	36	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Blue clay with sand lenses		36	47	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
Med. to coarse sand to very coarse gravel		47	60	15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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		
				(Use a second sheet if needed)		
18. Elevation: 960 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: * This is a water level monitor well provided by Kansas Power & Light Company at the request of Guy Gibson			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. Layne Western Co. 102 Business name License No. _____ Address Wichita, Kansas Signed <u>[Signature]</u> Date <u>8/10/77</u> Authorized representative		

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

Form WWC-5