

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

NE DVA

1. Location of well:		County Wabaunsee	Fraction 1/4 1/4 SE 1/4 SE 1/4	Section number 19	Township number T 10 S R 11	Range number 11	EW
2. Distance and direction from nearest town or city: 25 - 50 .75			3. Owner of well: ROLAND WOOLER				
Street address of well location if in city: OF WAMEGO			R.R. or street: City, state, zip code: Belvue, KS				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>10</u> in. Completion date _____		
					Well depth <u>60</u> ft. <u>6-6-77</u>		
5. Type and color of material		From	To	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			
TOP SOIL		0	6	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry			
Clay, BROWN		6	27	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock			
SAND-GRAVEL		27	30	<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
shale, grey		30	60	9. Casing: Material <u>PVC</u> Height: <u>above</u> or below			
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>29</u> in.			
				RMP <input type="checkbox"/> PVC <u>9L</u> Weight <u>2.58</u> lbs./ft.			
				Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or			
				Dia. _____ in. to _____ ft. depth gauge No. <u>258</u>			
				10. Screen: Manufacturer's name <u>PUMPCO</u>			
				Type <u>PVC</u> Dia. <u>5</u>			
				Slot gauze <u>.020</u> Length <u>10</u>			
				Set between <u>25</u> ft. and <u>35</u> ft.			
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>.030x.060</u>			
				11. Static water level: _____ mo./day/yr.			
				<u>20</u> ft. below land surface Date <u>6-6-77</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>10</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>			
				<input type="checkbox"/> Pitless adapter <u>29</u> inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/>			
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete			
				Depth: From <u>0</u> ft. to <u>10</u> ft.			
				16. Nearest source of possible contamination:			
				ft. <u>200</u> Direction <u>S</u> Type <u>Creek</u>			
				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: <u>1023</u>		19. Remarks: <u>owner to instal slab</u>					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		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. <u>STRADER DRIG Co Inc 182</u> Business name _____ License No. _____ Address <u>RT 1 Holton, KS</u> Signed <u>Dale Ciskow</u> Date <u>6-8-77</u> Authorized representative					

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

Form WWC-5

BR = 993

V = 995

10 110 19 SE 25