

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 POTAWATOMIE	Fraction NE 1/4 NE 1/4 NW 1/4	Section number 11	Township number T 10 S R 12 E	Range number 12 E
2. Distance and direction from nearest town or city: 1.5 NE			3. Owner of well: GARY ELLS			
Street address of well location if in city: OF ST. MARYS			R.R. or street: 1114 W. PALMER			
			City, state, zip code: ST. MARYS, KS. 66526			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date _____		
		<p>well X --- 300' --- Creek</p>		Well depth 60 ft. 8-9-78		
				7. <input checked="" 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 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 PVC Height: 60 or below		
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in.		
				RMP <input type="checkbox"/> PVC 9L Weight 2.58 lbs./ft.		
				Dia. 5 in. to 60 ft. depth Wall Thickness: inches or		
				Dia. _____ in. to _____ ft. depth gage No. 1279		
5. Type and color of material		From	To	10. Screen: Manufacturer's name		
TOP SOIL		0	4	PUMPSA MPE		
Clay, Brown		4	36	Type PVC Dia. 5		
GRAVEL-loose limestone		36	38	<input checked="" type="checkbox"/> gauze .020 Length 30		
shale, grey		38	60	Set between 30 ft. and 60 ft.		
				ft. and _____ ft.		
				Gravel pack? <input checked="" type="checkbox"/> Size range of material .030x.060		
				11. Static water level: _____ mo./day/yr.		
				35 ft. below land surface Date 8-9-78		
				12. Pumping level below land surfaces:		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield 2 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 24 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 0 ft. to 10 ft.		
				16. Nearest source of possible contamination:		
				ft. 200 Direction E Type Drainage		
				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:		19. Remarks:		20. Water well contractor's certification:		
Topography:		OWNER TO INSTALL SLAB		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill				STRADER DRIS Co Inc 182		
<input checked="" type="checkbox"/> Slope				Business name _____ License No. _____		
<input type="checkbox"/> Upland				Address RT 1 Holton, KS		
<input type="checkbox"/> Valley				Signed Dale Ashum Date 8-8-78		
				Authorized representative		

T 10 R 12 E Sec 11 1/4 1/4 1/4

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

Form WWC-5