

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 <b>Shawnee</b>	Fraction <b>SW 1/4 NE 1/4 SW 1/4</b>	Section number <b>36</b>	Township number <b>T 10 (S) R 12 (E) W</b>	Range number
2. Distance and direction from nearest town or city: <b>a3 mi. West &amp; 1 1/4 So. of Rossville, Ks. on Maple Hill Rd.</b> Street address of well location if in city:				3. Owner of well: <b>Harold Reser</b> R.R. or street: City, state, zip code: <b>Rossville, Kansas 66533</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>30</b> in. Completion date <b>3-1-77</b> Well depth <b>43</b> 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		
5. Type and color of material		From To		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		
Light brown topsoil		0 1		9. Casing: Material <b>Trans</b> Height: (Above or below) Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>16</b> in. to <b>17</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>.75</b>		
Fine brown sand		1 8		10. Screen: Manufacturer's name <b>Johnson Well Co.</b> Type <b>Transite</b> Dia. <b>16</b> " (Slot/gauze <b>1/8x8</b> Length <b>43</b> ft. Set between <b>17</b> ft. and <b>43</b> ft. Gravel pack? <b>yes</b> Size range of material <b>5/8</b>		
Soft gray clay		8 16		11. Static water level: <b>16</b> ft. below land surface Date <b>3-1-77</b>		
Small to med. brown gravel		16 23		12. Pumping level below land surfaces: <b>30</b> ft. after <b>1</b> hrs. pumping <b>800</b> g.p.m. <b>35</b> ft. after <b>3</b> hrs. pumping <b>1000</b> g.p.m. Estimated maximum yield <b>1250</b> g.p.m.		
Med to large green gravel & clay mix.		23 27		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
Small green gravel		27 29		14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
Small to med. green gravel		29 31		15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
Large green gravel		31 43		16. Nearest source of possible contamination: ft. <b>800</b> Direction <b>West</b> Type <b>slough</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Blue shale-stopped.		43		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: <b>825</b>		19. Remarks: <b>We do not install pumps.</b>		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. <b>Hoobler Drilling Co. 323</b> Business name License No. Address <b>St. Marys, Ks. 66536</b> Signed <b>Dan Hoobler</b> Date <b>3-15-77</b> Authorized representative		

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

Form WWC-5