

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

County Shawnee	Fraction SE NE SW 1/4 SE 1/4 SW 1/4	Section number 15	Township number T 10	Range number R 13
--------------------------	---	-----------------------------	--------------------------------	-----------------------------

1. Location of well:

2. Distance and direction from nearest town or city: **2.5 N .3 E**
Street address of well location if in city: **of Rossville**

3. Owner of well: **MARVIN DAVIS**
R.R. or street:
City, state, zip code: **Rossville KY 40373**

4. Locate with "X" in section below: Sketch map:

6. Bore hole dia. **12** in. Completion date _____
Well depth **60** ft. **12-12-78**

7. Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

8. Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Stock
☐ Lawn ☐ Oil field water ☐ Other

9. Casing: Material **PVC** Height: **above** or below
Threaded ☐ Welded ☐ Surface **36** in.
RMP ☐ PVC **9L** Weight **200** lbs./ft.
Dia. **5** in. to **60** ft. depth Wall Thickness: inches or
Dia. _____ in. to _____ ft. depth Gauge No. **127**

10. Screen: Manufacturer's name _____
Pumpco MPF
Type **PVC** Dia. **5**
Slot/gauze **.060** Length **10**
Set between **18** ft. and **28** ft.
_____ ft. and _____ ft.
Gravel pack? ☒ Size range of material **1/4 x 1/8**

5. Type and color of material	From	To
Top soil	0	3
Clay, Bearing	3	14
Clay, sand WATER BEARING	14	22
shale, grey	22	60

11. Static water level: _____ mo./day/yr.
7 ft. below land surface Date **12-12-78**

12. Pumping level below land surfaces:
____ ft. after _____ hrs. pumping _____ g.p.m.
____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **3** g.p.m.

13. Water sample submitted: _____ mo./day/yr.
Yes ☒ No ☐ Date _____

14. Well head completion: **CAP**
Pitless adapter **36** Inches above grade

15. Well grouted? ☒
With: ☒ Neat cement ☐ Bentonite ☐ Concrete
Depth: From **0** ft. to **10** ft.

16. Nearest source of possible contamination:
ft. **70** Direction **S** Type **DRAINAGE**
Well disinfected upon completion? ☒ Yes ☐ No

17. Pump: ☒ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

(Use a second sheet if needed)

18. Elevation: **962**
Topography: _____
☐ Hill
☐ Slope
☐ Upland
☒ Valley

19. Remarks:
OWNER TO INSTALL SLAB

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.
STRADER Dry Co. 182
Business name License No. _____
Address **Benton Ky.**
Signed **Steve Rogers** Date **12-15-78**
Authorized representative

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

Form WWC-5