

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

ADD WATER WELL RECORD KSA 82a-1201-1215 SE SE NE

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

1. Location of well: County <u>Shawnee</u>		Fraction <u>1/4 NE 1/4 SE 1/4</u>		Section number <u>22</u>		Township number <u>T 10 S R 13 E</u>		Range number <u>E/W</u>			
2. Distance and direction from nearest town or city: <u>1 1/2 E 1/2 N of Rossville</u>				3. Owner of well: <u>Bob Richards 66533</u> R.R. or street: <u>Box 53</u> City, state, zip code: <u>Rossville, Kansas</u>							
4. Locate with "X" in section below:				Sketch map:		<input checked="" type="checkbox"/> Bore hole dia. <u>6 1/4</u> in. Completion date <u>7/1/78</u> Well depth <u>74</u> ft.					
						7. <input checked="" 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 type="checkbox"/> Reverse rotary					
5. Type and color of material				From		To		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			
<u>Top Soil</u> <u>Sandstone yellow</u> <u>Shale grey</u> <u>Br Lime</u> <u>Shale & br Lime</u> <u>Shale grey</u>				<u>0</u> <u>2</u> <u>17</u> <u>36</u> <u>45</u> <u>57</u>		<u>2</u> <u>17</u> <u>36</u> <u>45</u> <u>57</u> <u>74</u>		9. Casing: Material <u>P15</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>48</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>74</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>			
								10. Screen: Manufacturer's name <u>Sun Flower</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/16</u> Length <u>34</u> Set between <u>40</u> ft. and <u>74</u> ft. _____ ft. and _____ ft. Gravel pack? <u>40</u> Size range of material _____			
								11. Static water level: _____ mo./day/yr. <u>31</u> ft. below land surface Date <u>7/1/78</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>5</u> g.p.m.			
								13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
								14. Well head completion: <input type="checkbox"/> Pitless adapter <u>48</u> Inches above grade			
								15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>22</u> ft.			
								16. Nearest source of possible contamination: ft. <u>100+</u> Direction <u>North</u> Type <u>Septic</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			
								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>Robison Drilling 316</u> Business name _____ License No. _____ Address <u>Jerry KS</u> Signed <u>Jack Robison</u> Date <u>7/1/78</u> Authorized representative			
18. Elevation: <u>978</u>		19. Remarks: <u>owner to install slab,</u>									
Topography: <u>978 Riv</u> <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley											

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

Form WWC-5

10 130 22 1055