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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

BBD

1. Location of well:		County <u>Shawnee</u>	Fraction <u>SE NW NW</u> <del>SW 1/4 SW 1/4</del>	Section number <u>35</u>	Township number T <u>10</u> R <u>13</u> <u>EW</u>	Range number <u>13</u>
2. Distance and direction from nearest town or city: <u>0.5 E OF</u> Street address of well location if in city: <u>ROSSVILLE</u>			3. Owner of well: <u>ROY WILT</u> R.R. or street: <u>315 WALNUT</u> City, state, zip code: <u>ROSSVILLE, KS</u>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map:  House DRAINAGE DITCH 400' X well		6. Bore hole dia. <u>10</u> in. Completion date <u>9-26-77</u> Well depth <u>60</u> ft.	
5. Type and color of material			From	To	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 <u>PVC</u> Height: <u>29</u> in. <u>274</u> <u>MNC</u> 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. <u>5</u> in. to <u>60</u> ft. depth gage No. <u>224</u> <u>258</u>	
					10. Screen: Manufacturer's name <u>PUMPCO, MPE</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>0.20</u> Length <u>10</u> Set between <u>45</u> ft. and <u>55</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>0.30x100</u>	
					11. Static water level: <u>25</u> ft. below land surface Date <u>9-26-77</u> mo./day/yr.	
					12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.	
					13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>5</u> ft. to <u>15</u> ft.	
					16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>N</u> Type <u>DRAINAGE</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>928</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			19. Remarks: <u>OWNER TO INSTAL SLAB</u>		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 DAIG Co Inc 182</u> Business name License No. _____ Address <u>HAULTON, KS</u> Signed <u>Dale Baker</u> Date <u>9-28-77</u> Authorized representative	

274 MNC  
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13  
35  
SEC  
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1/4  
1/4

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

Form WWC-5