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

WATER WELL RECORD  
KSA 82a-1201-1215

BAA

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>NE NE NW</u> <del>NE</del> 1/4 <del>NE</del> 1/4 <del>NE</del> 1/4		Section number <u>7</u>	Township number T <u>10</u> <u>3</u>	Range number R <u>15</u> <u>W</u>
2. Distance and direction from nearest town or city: <u>4E 2N OF</u>			3. Owner of well: <u>DAN CONAWAY</u> <u>Topeka, KS</u>			
Street address of well location if in city: <u>Grove</u>			R.R. or street: City, state, zip code: <u>7327 NW HUXMAN Rd. 66604</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>100</u> ft. <u>6-6-79</u>		
				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		
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>0</u>	<u>5</u>	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>29</u> in. RMP _____ PVC <u>96</u> Weight <u>2.82</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>1258</u>		
<u>Clay, brown, water bearing</u>		<u>5</u>	<u>15</u>	10. Screen: Manufacturer's name <u>Pumpco MPI</u> Type <u>PVC</u> Dia. <u>5</u> <u>Slot</u> gauze <u>.020</u> Length <u>40</u> Set between <u>15</u> ft. and <u>55</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>.030x100</u>		
<u>Shale, grey</u>		<u>15</u>	<u>59</u>	11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>6-6-79</u>		
<u>Lime grey</u>		<u>59</u>	<u>69</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
<u>shale, grey</u>		<u>69</u>	<u>92</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
<u>Lime, grey</u>		<u>92</u>	<u>97</u>	14. Well head completion: <u>CAD</u> <input type="checkbox"/> Pitless adapter <u>29</u> inches above grade		
<u>shale, grey</u>		<u>97</u>	<u>100</u>	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>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: _____ ft. <u>100</u> Direction <u>S</u> Type <u>Pond</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>1037</u>		19. Remarks: <u>OWNER TO INSTALL 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>RT 1 Holton, KS</u> Signed <u>Dale Askum</u> Date <u>6-11-79</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

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