

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

ccd 34

1. Location of well: County <u>Jefferson</u>		Fraction <u>SW 1/4 SE 1/4 SW 1/4</u>		Section number <u>33</u>		Township number <u>T 10 S R 19</u>		Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>6 STEEP</u>				3. Owner of well: <u>JACK WUSTFALL</u>					
Street address of well location if in city: <u>OSKALOUSA, KS.</u>				R.R. or street: _____					
City, state, zip code: <u>AUBURN, KS. 66402</u>				_____					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date _____					
				Well depth <u>60</u> ft. <u>1-20-76</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					
				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>Above</u> or below					
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in.					
				RMP <u>PVC 91</u> Weight <u>2.33</u> lbs./ft.					
				Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or					
				Dia. _____ in. to _____ ft. depth gage No. <u>1258</u>					
5. Type and color of material		From		To		10. Screen: Manufacturer's name _____			
						Type <u>PVC</u> Dia. <u>5"</u>			
						Slat/gauze <u>080</u> Length <u>20'</u>			
						Set between <u>15</u> ft. and <u>35</u> ft.			
						Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4" to 1/2"</u>			
						11. Static water level: _____ mo./day/yr.			
						<u>18</u> ft. below land surface Date <u>1-20-76</u>			
						12. Pumping level below land surfaces: <u>AIR TEST</u>			
						_____ 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.			
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
						14. Well head completion: <u>CAPPED</u>			
						<input type="checkbox"/> Pitless adapter <u>24</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>0</u> ft. to <u>10</u> ft.			
						16. Nearest source of possible contamination:			
						ft. <u>600</u> Direction <u>E</u> Type <u>SEPTIC TANK</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>947</u>		19. Remarks: <u>Owner to install slab</u>		20. Water well contractor's certification:					
Topography: _____ Hill				This well was drilled under my jurisdiction and this report					
_____ Slope				is true to the best of my knowledge and belief.					
<input checked="" type="checkbox"/> Upland				<u>Strader Duly Co Inc 182</u>					
_____ Valley				Business name _____ License No. _____					
				Address <u>871 Holton, KS</u>					
				Signed <u>Walter Anderson</u> Date <u>1-22-76</u>					
				Authorized representative					

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

Form WWC-5

BR = 922
S = 927