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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

1. Location of well: County Wyandotte		Fraction SE 1/4 NW 1/4 N 1/4		Section number 11		Township number T 10		Range number S R 23 E 10	
2. Distance and direction from nearest town or city: 1 Mile N.E. Walcott				3. Owner of well: Looyice 1040 Walcott # Kansas City, KS 66109					
4. Locate with "X" in section below:				Sketch map: #5 Highway		6. Bore hole dia. 6 1/4 in. Completion date 10-11-79 Well depth 220 ft.			
						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 color is Grey unless				From		To		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Dry Hole <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
surface				0		1		9. Casing: Material _____ Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. RMP _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. _____	
clay				1		20		10. Screen: Manufacturer's name _____ Type Dry Hole Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft.	
shale				20		53		11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
Limestone				53		75		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.	
shale				75		77		13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	
Limestone				77		81		14. Well head completion: _____ <input type="checkbox"/> Pitless adapter _____ inches above grade	
Shale Black				81		84		15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.	
Limestone				84		86		16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Shale				86		97		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	
Limestone				97		104		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. F.E. Young Drilling 240 Business name License No. Address 6355 Robinhead Merriam Signed David Young Date 11-5-79 Authorized representative	
Shale				104		116			
Limestone				116		130			
shale				130		145			
Limestone				145		146			
Shale				146		149			
see attached sheet (Use a second sheet if needed)									
18. Elevation: 810		19. Remarks: Customer is aware of state regulation and agrees to install a 4' square re-enforced concrete platform around top of well.				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.			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		X _____							

10 23 E 11 SE 1/4 1/4 1/4

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

Form WWC-5

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

1. Location of well:	County	Fraction SE 1/4 NW 1/4 NW 1/4	Section number 11	Township number T 10 S R	Range number 23 E
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: COONCE R.R. or street: 1040 Walcott City, state, zip code: Kansas City, KS 66109		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.	
		7. <input 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		8. Use: <input 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 _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____
Lime stone			149	159	Type _____ Dia. _____
Shale			159	167	Slot/gauze _____ Length _____
Lime stone			167	188	Set between _____ ft. and _____ ft.
Shale			188	196	_____ ft. and _____ ft.
Lime stone			196	212	Gravel pack? <input type="checkbox"/> Size range of material _____
Shale			212	217	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
Limestone			217	220	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.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
					15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ 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
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		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.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative		

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Form WWC-5