

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 <b>Clay</b>	Fraction <b>NW 1/4 SW 1/4</b>	Section number <b>36</b>	Township number <b>T 10 S R 3 E/W</b>	Range number <b>3</b>
2. Distance and direction from nearest town or city: <b>1/2 W-5 SO. 1 West 3/4 South</b>			3. Owner of well: <b>Jay Schweitzer</b>		R.R. or street: <b>Wakefield N.S. 67487</b>	
4. Locate with "X" in section below:			Sketch map:			
5. Type and color of material			From	To	6. Bore hole dia. <b>1 1/4</b> in. Completion date <b>1-2-78</b> Well depth <b>131</b> ft.	
<b>top soil, Black</b>			<b>1</b>	<b>5</b>	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	
<b>clay, yellow</b>			<b>5</b>	<b>15</b>	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	
<b>Rock, limestone yellow</b>			<b>15</b>	<b>18</b>	9. Casing: Material <b>PVC</b> Height: <input checked="" type="checkbox"/> Above <input type="checkbox"/> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>1 1/2</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>131</b> ft. depth, Wall Thickness: <b>2.67</b> Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>	
<b>clay, yellow</b>			<b>18</b>	<b>40</b>	10. Screen: Manufacturer's name <b>M.P.H.</b> Type <b>PVC</b> Dia. <b>5"</b> Slot <b>0.25</b> Length <b>20</b> Set between <b>131</b> ft. and <b>111</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>0.35</b>	
<b>clay, Red</b>			<b>40</b>	<b>70</b>	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>100</b> ft. below land surface Date <b>1-2-78</b>	
<b>Rock Porous limestone, some water</b>			<b>70</b>	<b>76</b>	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.	
<b>clay Red</b>			<b>76</b>	<b>112</b>	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
<b>Rock, yellow lime Plenty Water</b>			<b>112</b>	<b>131</b>	14. Well head completion: <b>NA</b> <input type="checkbox"/> Pitless adapter ____ inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> <b>1-2</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>15</b> ft. to <b>4</b> ft.	
					16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>N.W.</b> Type <b>Septic tank</b> 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. <b>Strader Drilling Co. 337</b> Business name <b>Blue Rapids</b> License No. ____ Address <b>Harold Strader</b> Date <b>1-2</b> Signed <b>Harold Strader</b> Authorized representative	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill <input 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