

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/4 NW/4 SE 1/4</b>	Section number <b>3</b>	Township number T <b>10 S</b> R <b>4 E</b> E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Dependent youth camp</b> R.R. or street: <b>Fort Riley Military Reservation</b> City, state, zip code: <b>Millford, Mo</b>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia _____ in. Completion date <b>10-13-78</b> Well depth <b>102</b> ft.	
					7. <input 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	<input checked="" type="checkbox"/> 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	
Clay Brown			0	10	9. Casing: Material <b>PVC</b> Height: Above ground _____ Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC _____ Weight <b>200</b> lbs./ft.	
Limestone yellow white			10	19	<input checked="" type="checkbox"/> dia. <b>5</b> in. to <b>102</b> ft. depth <input checked="" type="checkbox"/> All Thickness: inches or _____ <input checked="" type="checkbox"/> dia. _____ in. to _____ ft. depth gage No. <b>1200</b>	
Shale yellow			19	24	10. Screen: Manufacturer's name <b>Plastic</b> <b>NAT approved</b>	
Limestone hard yellow			24	28	Type <b>plastic</b> dia. <b>5</b> inch	
Shale yellow			28	34	Slot/gauze <b>.062</b> Length <b>20</b>	
Shale Gray			34	38	Set between <b>82</b> ft. and <b>102</b> ft.	
Limestone			38	39	Gravel pack? <b>YES</b> Size range of material <b>1/2 gal gravel</b>	
Shale yellow			39	48	11. Static water level: <b>48 1/4</b> mo./day/yr. <b>72</b> ft. below land surface Date <b>11-13-78</b>	
Shale Gray			48	50	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
Shale Brown			50	81	Estimated maximum yield <b>12</b> g.p.m.	
Limestone (water)			81	97	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Shale Gray			97	102	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade	
					15. Well grouted? <b>YES</b> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.	
					16. Nearest source of possible contamination: <b>none</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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	
					(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. <b>Blue Valley Drilling 234 D</b> Business name _____ License No. _____ Address <b>Blue Rapids, Mo 66604 11</b> Signed <b>Ronald Strader</b> Date <b>11-29</b> Authorized representative		
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

T 10 - 40 E - 3 NW NW SE 1/4 1/4 2 1/4