

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: POTAWATOMIE		County: NE 1/4 NE 1/4 NE 1/4		Fraction: 11		Township number: T 10 S R 8		Range number: E/W			
2. Distance and direction from nearest town or city: 3 E .5 S				3. Owner of well: RAY STEPHENSON							
Street address of well location if in city: OF MANHATTAN				R.R. or street: R.R. ST. GEORGE, KS, 66535							
4. Locate with "X" in section below:				Sketch map:				6. Bore hole dia. 10 in. Completion date 8-9-76		Well depth 45 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				From		To		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		9. Casing: Material PVC Height: Above or below	
TOP SOIL				0		6		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in.	
BROWN CLAY				6		32		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		RMP PVC 42 Weight 2.58 lbs./ft.	
COURSE SAND - med. gr.				32		45		<input type="checkbox"/> Dia. 5 in. to 45 ft. depth		Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth	
								Wall Thickness: inches or		Gage No. 3-74	
								10. Screen: Manufacturer's name Pumpco			
								Type PVC Dia. 5			
								Slit/gauze .020 Length 7			
								Set between 35 ft. and 45 ft.			
								ft. and <input type="checkbox"/> ft.			
								Gravel pack? <input checked="" type="checkbox"/> Size range of material C30X.060			
								11. Static water level: <input type="checkbox"/> mo./day/yr.			
								22 ft. below land surface Date 8-9-76			
								12. Pumping level below land surfaces: AIR TEST			
								____ ft. after ____ hrs. pumping ____ g.p.m.			
								____ ft. after ____ hrs. pumping ____ g.p.m.			
								Estimated maximum yield 30 g.p.m.			
								13. Water sample submitted: <input type="checkbox"/> mo./day/yr.			
								Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date			
								14. Well head completion: CAP			
								____ Pitless adapter 24 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 5 ft. to 15 ft.			
								16. Nearest source of possible contamination:			
								ft. 200 Direction NE Type SEPTIC			
								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:				19. Remarks:				20. Water well contractor's certification:			
Topography:				OWNER WILL INSTAL SLAB				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
<input type="checkbox"/> Hill								STRADER DRNG CO INC 182			
<input type="checkbox"/> Slope								Business name _____ License No. _____			
<input type="checkbox"/> Upland								Address RT 1 WALTON, KS			
<input checked="" type="checkbox"/> Valley								Signed Don Walker Date 8-10-76			
								Authorized representative			

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

Form WWC-5