

WATER WELL RECORD
KSA 82g-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

center $\frac{1}{2}$ section NENE

1. Location of well:		County Riley	Fraction NW 1/4 1/4 1/4	Section number 30	Township number T 10 S	Range number R 8 E
2. Distance and direction from nearest town or city:		3. Owner of well:		R.R. or street:		
Street address of well location if in city:		City, state, zip code:				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9" in. Completion date Sept 20		
				Well depth 56 ft.		
5. Type and color of material		From		To		7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
top soil		0		2		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
Sandy clay		2		10		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry
clay & fine sand		10		30		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock
Fine sand & some coarse		30		38		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Fine sand & gravel		35		54		9. Casing: Material steel Height: Above or below
Blue shale		54		56		Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 15 in.
						RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 9.5 lbs./ft.
						Dia. 9 in. to 4.5 ft. depth
						Wall Thickness: inches or
						Dia. 5 in. to 4.5 ft. depth
						gauge No.
						10. Screen: Manufacturer's name Home Perfor
						Type <input type="checkbox"/> Dia. 6 1/2"
						Slot/gauze 0.40 Length 3 7/8
						Set between 48-54 ft. and <input type="checkbox"/> ft.
						Gravel pack? <input checked="" type="checkbox"/> Size range of material 40-60
						11. Static water level: <input type="checkbox"/> g.p.m./day/yr.
						30 ft. below land surface Date Sept 20
						12. Pumping level below land surfaces: Baler test
						<input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.
						<input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.
						Estimated maximum yield 15 g.p.m.
						13. Water sample submitted: <input type="checkbox"/> mo./day/yr.
						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>
						14. Well head completion: N
						<input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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 16 ft.
						16. Nearest source of possible contamination:
						ft. 100 Direction NE Type Cesspool
						Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: <input checked="" type="checkbox"/> Not installed
						Manufacturer's name <input type="checkbox"/>
						Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/>
						Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
				Signed Shades Drilling Co 237		
				Business name Blue Rapids License No. <input type="checkbox"/>		
				Address Harold Strader Date Sept 20		
				Authorized representative		

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

Form WWC-5