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USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

DD
BEE

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

1. Location of well:		County Wabaunsee	Fraction SE SE NW SW 1/4 NW 1/4 NW 1/4	Section number 13 15	Township number T 11	Range number 10 R 10 E.W.
2. Distance and direction from nearest town or city: 2 N 6 F			3. Owner of well: Henry Miller			
Street address of well location if in city: McFarland			R.R. or street:			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. 8 in. Completion date: 7-7-79 Well depth 100 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 <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		
Top soil		0	3	9. Casing: Material PVC Height: <input checked="" type="checkbox"/> Above <input type="checkbox"/> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 39 in. RMP <input type="checkbox"/> PVC 92 Weight 2.82 lbs./ft. Dia. 5 in. to 100 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 250		
Clay, brown		3	18	10. Screen: Manufacturer's name Pumpco MPI Type PVC Dia. 5 <input checked="" type="checkbox"/> Gauze 1020 Length 30 Set between 50 ft. and 80 ft. Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 x 1/8		
Shale, grey		18	58	11. Static water level: <input type="checkbox"/> mo./day/yr. 50 ft. below land surface Date 7-7-79		
Limestone, yellow, water bearing		58	61	12. Pumping level below land surfaces: <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 7 g.p.m.		
shale, grey, black, Red		61	100	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
				14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 29 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. 120 Direction S 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		
				(Use a second sheet if needed)		
18. Elevation: 1170		19. Remarks: OWNER TO INSTALL SLAB		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. STRADER DRILG CO INC 182 Business name License No. Address RT 1 HOLLON, KS Signed Dale Asken Date 7-10-79 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5