

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

NE SW

ASH

1. Location of well:		County <b>Shawnee</b>	Fraction <del>1/4 NE 1/4 NW 1/4</del> <b>NE 1/4 NE 1/4 NW 1/4</b>	Section number <b>3</b>	Township number T <b>11</b> S R <b>13</b> <b>EW</b>	Range number
2. Distance and direction from nearest town or city: <b>.5 S OF</b>			3. Owner of well: <b>ELMER DAVIS</b>			
Street address of well location if in city: <b>ROSSVILLE</b>			R.R. or street: City, state, zip code: <b>ROSSVILLE</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>10</b> in. Completion date _____ Well depth <b>50</b> ft. <b>5-2-77</b>		
				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		
				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		
				9. Casing: Material <b>PVC</b> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. RMP <input type="checkbox"/> PVC <b>44</b> Weight <del>250</del> lbs./ft. <b>2.74</b> Dia. <b>5</b> in. to <b>50</b> ft. depth Wall Thickness: inches or <b>MHC</b> Dia. _____ in. to _____ ft. depth gage No. <b>258</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____ <b>Pumpco</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>.020</b> Length <b>10</b> Set between <b>40</b> ft. and <b>50</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>0.30 X 0.60</b>		
<b>TOP SOIL</b>		<b>0</b>	<b>6</b>	11. Static water level: _____ mo./day/yr. <b>28</b> ft. below land surface Date <b>5-2-77</b>		
<b>Clay, BROWN</b>		<b>6</b>	<b>35</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>30</b> g.p.m.		
<b>COURSE SAND-GRAVEL</b>		<b>35</b>	<b>50</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <b>CAP</b> <input type="checkbox"/> Pitless adapter <b>24</b> 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 <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>N</b> Type <b>SEPTIC</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 DPLg Co June 182</b> Business name _____ License No. _____ Address <b>RT 1 Holton KS</b> Signed <b>Dave Baker</b> Date <b>5-3-77</b> Authorized representative		
18. Elevation: <b>924</b> Topography: <b>RM</b> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: <b>OWNER TO INSTAL SLAB</b>				

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

Form WWC-5