

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 Shawnee	Fraction Ctr. of NE 1/4 NE 1/4	Section number 4	Township number T 11S	Range number S R 13E E/W	
2. Distance and direction from nearest town or city: From south edge of Rossville, Ks. go 1 mi. West of N.W. 46th & Street address of well location if in city: 1/8 mi. South.			3. Owner of well: Bernice French R.R. or street: City, state, zip code: Rossville, Ks. 66533			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <i>Rossville</i> <i>N.W. 46th</i> <i>15' Bank X</i> <i>300'</i>		6. Bore hole dia. <u>30</u> in. Completion date <u>11-7-77</u> Well depth <u>37</u> ft.		
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
		Black clay gumbo	0	8	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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	
		Gray brown clays & limestone gravel	8	12	9. Casing: Material <u>Trans</u> Height (Above or below) Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>11</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>75</u> "	
		Small brown gravel & gray clay	12	15	10. Screen: Manufacturer's name Johnson Well Casing Co. Type <u>Transite</u> Dia. <u>16"</u> Slot/gauze <u>1/8x8</u> Length <u>26' MAC</u> Set between <u>11</u> ft. and <u>37</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8-1/4"</u>	
		Med. to large gray gravel	15	18	11. Static water level: _____ mo./day/yr. <u>9</u> ft. below land surface Date <u>11-7-77</u>	
		Fine to med. gray gravel	18	20	12. Pumping level below land surfaces: <u>16</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. <u>25</u> ft. after <u>3</u> hrs. pumping <u>800</u> g.p.m. Estimated maximum yield <u>900</u> g.p.m.	
		Med. gray gravel	20	25	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		Med. to large gray gravel	25	26	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
		Med. to large gray gravel & gray clay	26	28	15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
		Small to med. gray gravel	28	36	16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>east</u> Type <u>lateral</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Med. gray gravel	36	37	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)				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. Hoobler Drilling Co. 323 Business name License No. Address <u>St. Marys, Ks. 66536</u> Signed <u>[Signature]</u> Date <u>11-30-77</u> Authorized Representative		
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						

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

Form WWC-5