

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

NO LOG

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 <b>SHAWNEE</b>	Fraction <b>SW 1/4 NE 1/4 NE 1/4</b>	Section number <b>5</b>	Township number T <b>11</b> S	Range number R <b>13</b> <b>(EW)</b>
2. Distance and direction from nearest town or city: <b>1/2 S - 2 W - 1/2 S</b>			3. Owner of well: <b>ROLLAND PAIR</b>			
Street address of well location if in city: <b>ROSSVILLE</b>			R.R. or street: <b>ROSSVILLE RR #1</b>			
			City, state, zip code: <b>ROSSVILLE KANSAS 66533</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>30</b> in. Completion date <b>4-9-75</b> Well depth <b>50</b> ft.		
				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		
				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		
				9. Casing: Material <b>AC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>34</b> lbs./ft. Dia. <b>16</b> in. to <b>50</b> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <b>3/4</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>JOHNSON</b> <b>CONCRETE</b> Type <b>ASBESTOS CEMENT</b> Dia. <b>16</b> Slot/gauze <b>1/8</b> Length <b>26'</b> Set between <b>24</b> ft. and <b>50</b> ft. ft. and _____ ft. Gravel pack? <b>YES</b> Size range of material <b>1/8" - 1/4"</b>		
				11. Static water level: _____ mo./day/yr. <b>18</b> ft. below land surface Date <b>4-9-75</b>		
				12. Pumping level below land surfaces: _____ ft. after <b>1/2</b> hrs. pumping <b>900</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>900</b> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
				15. Well grouted? <b>YES</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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:	19. Remarks: <b>Replacement well no test hole log</b>		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>GEO COX + SONS, INC 258</b> Business name _____ License No. _____ Address <b>CLIFTON, KANSAS</b> Signed <b>Francis Cox</b> Date <b>11-24-</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 11 R 13 E  
Sec 5  
SW 1/4 NE 1/4

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

Form WWC-5