

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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: <u>SHAWNEE</u>	Fraction: <u>NW 1/4 SW 1/4 SW 1/4</u>	Section number: <u>5</u>	Township number: <u>T 11 S</u>	Range number: <u>R 13 E</u>
2. Distance and direction from nearest town or city: <u>1/2 S 2 1/2 W</u>		3. Owner of well: <u>FRANCIS DAVIS</u>		RR # <u>1</u>		
Street address of well location if in city: <u>3/4 S of ROSSVILLE</u>		R.R. or street: <u>MULVANE RANCH</u>		City, state, zip code: <u>ROSSVILLE, KS, 66533</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>30</u> in. Completion date <u>4-8-75</u>		
				Well depth <u>51</u> 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 <u>AC</u> Height: <u>above</u> or <u>below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>34</u> lbs./ft. Dia. <u>1 1/2</u> in. to <u>51</u> ft. depth Wall Thickness: inches or Dia. <u>1 1/2</u> in. to <u>51</u> ft. depth <u>3/4</u> in. No. <u>34</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>JOHNSON</u>		
<u>Top soil + clay</u>		<u>0</u>	<u>12</u>	<u>CONCRETE</u>		
<u>Sand</u>		<u>12</u>	<u>32</u>	Type <u>TRANSITE</u> Dia. <u>1 1/2</u>		
<u>good blue gravel</u>		<u>32</u>	<u>52</u>	Slot/gauge <u>1/8</u> Length <u>26</u>		
<u>shale</u>		<u>52</u>	<u>54</u>	Set between <u>25</u> ft. and <u>51</u> ft.		
<u>stop</u>		<u>54</u>		Gravel pack? <u>YES</u> Size range of material <u>1/8-1/4</u> in.		
				11. Static water level: <u>18</u> ft. below land surface Date <u>4-8-75</u>		
				12. Pumping level below land surfaces: <u>34</u> ft. after <u>42</u> hrs. pumping <u>1100</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>1500</u> g.p.m.		
				13. Water sample submitted: <u>YES</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				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.		
				16. Nearest source of possible contamination: ft. <u>1200</u> Direction <u>S</u> Type <u>RIVER</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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: <u>914.22</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks:		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. <u>GEO COX & SONS, INC</u> <u>258</u> Business name License No. Address <u>CLIFTON KANSAS 66937</u> Signed <u>Francis Cox</u> Date <u>7-22</u> Authorized representative		

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

Form WWC-5