

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

Lot 140 Holden Ave.

1. Location of well:		County <b>Shawnee</b>	Fraction <b>NE 1/4 NW 1/4 SW 1/4</b>	Section number <b>14</b>	Township number <b>T 11 S R 13 E W</b>	Range number <b>13</b>
2. Distance and direction from nearest town or city: <b>well located in Willard</b>				3. Owner of well: <b>J.R. Duncan</b> R.R. or street: City, state, zip code: <b>Willard, ks</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>6 3/4</b> in. Completion date <b>9-16-77</b> Well depth _____ 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				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>P15</b> Height: Above _____ below _____ Threaded _____ Welded _____ Surface <b>7 1/2</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>52</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>		
				10. Screen: Manufacturer's name <b>Sunflower</b> Type <b>RMP</b> Dia. <b>5'</b> Slot/gauze <b>.050</b> Length <b>10'</b> Set between <b>22</b> ft. and <b>32</b> ft. _____ ft. and _____ ft. Gravel pack? <b>NO</b> Size range of material _____		
				11. Static water level: _____ mo./day/yr. <b>22</b> ft. below land surface Date <b>9-16-77</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>1/2 - 1 gpm</b> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12"</b> inches above grade		
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>19</b> ft.		
				16. Nearest source of possible contamination: ft. <b>not</b> Direction <b>west</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>Robison Drilling 316</b> Business name _____ License No. _____ Address <b>Perry ks</b> Signed <b>Jack Robison</b> Date <b>10-10-77</b> Authorized representative		
18. Elevation: <b>925 Rm</b>		19. Remarks: <b>owner to install slab.</b>				

T 11 S R 13 E W Sec 14 NE 1/4 SW

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

Form WWC-5