

79

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 SE

1. Location of well: County STAWNEE		Fraction SW NE SE NE NW SW NE SW SE NE		Section number 15 16		Township number T 11 S R 14 E		Range number			
2. Distance and direction from nearest town or city: SILVER LAKE				3. Owner of well: LARRY BLOCHER							
Street address of well location if in city: 123 SAGE				R.R. or street: 123 SAGE							
City, state, zip code: SILVER LAKE, KS 66539											
4. Locate with "X" in section below:				Sketch map:				6. Bore hole dia. 8 in. Completion date 4/8/79			
								Well depth 44 ft.			
								7. <input checked="" 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 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 _____ Height: Above or below			
								Threaded _____ Welded _____ Surface 13 in.			
								RMP <input checked="" type="checkbox"/> PVC _____ Weight 300 lbs./ft.			
								Dia. 5 in. to 44 ft. depth Wall Thickness: inches or			
								Dia. _____ in. to _____ ft. depth gage No. 200			
5. Type and color of material				From		To		10. Screen: Manufacturer's name SUN FLOWER			
FINE FILL SAND				0		20		Type SLOT Dia. 5"			
GAY BROW FILL				20		24		Slot/gauze 1/4" Length 15'			
FINE GAY QUICK SAND				24		31		Set between 4 ft. and 36 ft.			
SAND + GRAVEL				31		41		BOTTOM ft. and _____ ft.			
								Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4"			
								11. Static water level: _____ mo./day/yr.			
								23.5 ft. below land surface Date 6/8/79			
								12. Pumping level below land surfaces:			
								41 ft. after 2 hrs. pumping 16 g.p.m.			
								_____ ft. after _____ hrs. pumping _____ g.p.m.			
								Estimated maximum yield 40 g.p.m.			
								13. Water sample submitted: _____ mo./day/yr.			
								<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
								14. Well head completion:			
								<input type="checkbox"/> Pitless adapter 12 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 2 ft. to 12 ft.			
								16. Nearest source of possible contamination:			
								ft. 30 Direction W Type SEW. 2			
								Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
								17. Pump: _____ 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			
18. Elevation: 911 909		19. Remarks:		20. Water well contractor's certification:							
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.							
<input type="checkbox"/> Hill				H. L. PETTIT 333							
<input type="checkbox"/> Slope				Business name _____ License No. _____							
<input type="checkbox"/> Upland				Address 905 N MICHIGAN							
<input type="checkbox"/> Valley				Signed H. L. Pettit Date 6/16/79							
				Authorized representative							

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

Form WWC-5

BR < 870

▽ = 887

T 11 R 14 E S 15 SW