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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 SW 1/4 SW 1/4 1/4	Section number 22	Township number T 11 S R 15E	Range number 15E
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: R.R. or street: City, state, zip code:		State of Kansas State Office Building Topeka, Kansas 66612	
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: Well location as shown on the plans station 144+39 127' left of S.B. centerline.		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft. well point	
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 type="checkbox"/> Reverse rotary	
Water well completed in alluvial sands of Kansas River Valley. This well point well was in a pit 5 1/2 feet below the natural surface. The 1 1/2 inch pipe was broken off at the ground surface. The 1 1/2 inch pipe was filled completely with neet cement, approximately 4 gallons according to State Statutes.				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 1 1/2 pipe Weight: Above or below Threaded <input checked="" type="checkbox"/> Welded _____ Surface 5 1/2 feet RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
				10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
				11. Static water level: unobtainable ft./day/yr. _____ ft. below land surface Date _____	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____	
				14. Well head completion: _____ Pitless adapter _____ Inches above grade	
				15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: Water well was obtained when right of way was bought for Highway 75 construction therefore detailed completion records not known to Kansas Department of Transportation.			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. Business name _____ License No. _____ Address _____ Signed _____ Authorized representative _____ Date _____	

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

Form WWC-5

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