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VBRT

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:		County <u>Jefferson</u>	Township name <u>KAW</u>	Fraction <u>NW 1/2 - NW 1/4</u>	Section number <u>3</u>	Town number <u>11 S</u>	Range number <u>17 E</u>
Distance and direction from nearest town or city: <u>6 NE GRANTVILLE, KS.</u>				3 Owner of well: <u>Gary ACKERMAN</u>			
Street address of well location if in city:				Address: <u>AFD 3 TOPEKA, KANS</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>38</u> ft. Date of completion _____ Well diameter <u>10</u> in. <u>5-6-75</u>			
				5 <input 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			
2		Type and color of material		From	To	6 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"/> Commercial <input type="checkbox"/> Test well	
		<u>Top Soil</u>		<u>0</u>	<u>5</u>	7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. Weight <u>2.33</u> lbs./ft. _____ <u>5</u> in. to <u>38</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!	
		<u>Blue Clay</u>		<u>5</u>	<u>25</u>	8 Screen: Manufacturer <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/_____ Length <u>10'</u> Set between <u>24</u> ft. and <u>34</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#3</u>	
		<u>Gravel</u>		<u>25</u>	<u>27</u>	9 Static water level: <u>NOT MEASURED</u> _____ ft. below land surface Date _____	
		<u>Blue Shale</u>		<u>27</u>	<u>38</u>	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15</u> g.p.m.	
						11 Water sample submitted: <u>Air Test</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>24</u> <input type="checkbox"/> Inches above grade	
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.	
						14 Nearest source of possible contamination: ft. <u>300</u> Direction <u>SOUTH</u> Type <u>S-T</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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	
16 Remarks: elevation						17 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>Strader Drilling Co. Inc #152</u> Business name _____ License No. _____ Address <u>Box 75N Holton, Kansas</u> Signed <u>Bob Strader</u> Date <u>5-9-75</u> Authorized representative	

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

CR = 813

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