

VBRT

59

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

WATER WELL RECORD
KSA 82a-1201-1215

ddc (4)

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well:		County Jeff	Fraction SW Cor 1/4 SE 1/4 SE 1/4	Section number 11	Township number T 11 S S R 18 E E/W	Range number
2. Distance and direction from nearest town or city: 1.8 mi North			3. Owner of well: Jack Robison			
Street address of well location if in city: of Perry.			R.R. or street: RR1 Box 2592			
			City, state, zip code: Perry KS 66073			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. 6 3/4 in. Completion date Nov 75 Well depth 72 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	
5. Type and color of material			From	To	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	
Top Soil			0	3	9. Casing: Material P115 Weight: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 72 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200	
Clay yellow			3	11	10. Screen: Manufacturer's name TRSS + Lowell Type RMP Dia. 5" Slot/gauze 2/16 Length 42 Set between 30 ft. and 42 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <input type="checkbox"/>	
Shale grey			11	17	11. Static water level: <input checked="" type="checkbox"/> mo. 10 /yr. 16 ft. below land surface Date Nov 75	
Lime grey			17	24	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield None g.p.m.	
Shale grey			24	46	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
Lime hard grey			46	67	14. Well head completion: <input type="checkbox"/> Pitless adapter 24 Inches above grade	
Shale grey			57	70	15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 17 ft.	
Lime hard			70	72	16. Nearest source of possible contamination: ft. 75+ Direction South Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. Robison Drilling 316 Business name License No. Address Perry, KS. Signed Jack Robison Date Nov 75 Authorized representative	
18. Elevation: 876		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

(Use a second sheet if needed)

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

Form WWC-5

BR elev 865
V-860