

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

WATER WELL RECORD
KSA 82a-1201-1215

ddad

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

1. Location of well:	County: <u>Jefferson</u>	Fraction: <u>NE 1/4 SE 1/4 SE 1/4</u>	Section number: <u>11</u>	Township number: <u>T 11 S</u>	Range number: <u>R 18 E</u>	E/W
2. Distance and direction from nearest town or city: <u>1.8 N of Perry.</u>	3. Owner of well: <u>Jack Robinson</u>		R.R. or street: <u>RR 1 BOX 259C</u>			
Street address of well location if in city:		City, state, zip code: <u>Perry KS. 66073 15</u>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date <u>Nov 75</u>		
				Well depth <u>25</u> ft.		
5. Type and color of material		From		To		7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
<u>Top Soil</u>		<u>0</u>		<u>4</u>		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
<u>Loamy soil</u>		<u>4</u>		<u>14</u>		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry
<u>Loamy clay some sand</u>		<u>14</u>		<u>23</u>		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock
<u>Sand Fine to Coarse-dirty</u>		<u>23</u>		<u>25</u>		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
						9. Casing: Material <u>RMP</u> Height: <u>Above</u> or below
						Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>48</u> in.
						RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.
						Dia. <u>5</u> in. to <u>25</u> ft. depth Wall Thickness: inches or
						Dia. _____ in. to _____ ft. depth gage No. <u>200</u>
						10. Screen: Manufacturer's name <u>Jess Clark</u>
						Type <u>RMP</u> Dia. <u>5"</u>
						Slot/gauze <u>3/16</u> Length <u>10'</u>
						Set between <u>13</u> ft. and <u>25</u> ft.
						_____ ft. and _____ ft.
						Gravel pack? <u>yes</u> Size range of material <u>1/8-1/2</u>
						11. Static water level: _____ mo./yr.
						<u>8</u> ft. below land surface Date <u>Nov 75</u>
						12. Pumping level below land surfaces:
						_____ ft. after _____ hrs. pumping _____ g.p.m.
						_____ ft. after _____ hrs. pumping _____ g.p.m.
						Estimated maximum yield <u>8-9</u> g.p.m.
						13. Water sample submitted: _____ mo./day/yr.
						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
						14. Well head completion:
						<input type="checkbox"/> Pitless adapter <u>48</u> Inches above grade
						15. Well grouted? <u>yes</u>
						With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete
						Depth: From <u>0</u> ft. to <u>14</u> ft.
						16. Nearest source of possible contamination:
						ft. <u>300</u> Direction <u>East</u> Type <u>Septic</u>
						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
						(Use a second sheet if needed)
18. Elevation: <u>894</u>	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			<u>Robison Drilling 316</u>			
<input checked="" type="checkbox"/> Slope			Business name _____ License No. _____			
<input type="checkbox"/> Upland			Address <u>Perry KS. 15</u>			
<input checked="" type="checkbox"/> Valley			Signed <u>Jack Robinson</u> Date <u>Nov 75</u>			
						Authorized representative

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

Form WWC-5

BR elev = 869

Δ = 886