

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

31

adc no location

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 <u>Jefferson</u> Fraction <u>SW 1/4 SE 1/4 NE 1/4</u> Section number <u>21</u> Township number <u>T 11 S R 18</u> Range number <u>18</u> EAD	
2. Distance and direction from nearest town or city: <u>1 W</u> Street address of well location if in city: <u>Perry, Ks.</u>	
3. Owner of well: <u>Gilbert Bob Erickson</u> R.R. or street: <u>P.R.</u> City, state, zip code: <u>Perry, Ks.</u>	
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile 1 Mile 	
6. Bore hole dia. <u>10</u> in. Completion date <u>10-18-77</u> Well depth <u>45</u> ft.	
7. <input checked="" 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	
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 <u>PVC</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <u>PVC BLUE</u> Weight <u>3.74</u> lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>1257</u>	
5. Type and color of material	
	From To
<u>Silty Clay</u>	<u>0 12</u>
<u>Brown Silty Sand</u>	<u>12 21</u>
<u>Gray Fine Sand</u>	<u>21 32</u>
<u>Gray coarse to Pen Gravel</u>	<u>32 45</u>
10. Screen: Manufacturer's name <u>Pumprod MPZ</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauge <u>.020</u> Length <u>10</u> Set between <u>35</u> ft. and <u>45</u> ft. ft. and <u> </u> ft.	
Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>030-040</u>	
11. Static water level: <u>30</u> ft. below land surface Date <u>10-13-77</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>Kip Test</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>50</u> g.p.m.	
13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>	
14. Well head completion: <u>Top cap</u> <u> </u> Pitless adapter <u>24</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>12</u> ft.	
16. Nearest source of possible contamination: <u>300</u> ft. Direction <u>N.W.</u> Type <u>laterals</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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>898 KH</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <u>owner to pour cement slab</u>
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. <u>STRADEE Drilling Co</u> <u>182</u> Business name License No. Address <u>Helton, KS</u> Signed <u>Dale Robson</u> Date <u>10-17-77</u> Authorized representative	

T 11 S R 18 SE 1/4

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

Form WWC-5

BR < 803

D = 018