

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

WATER WELL RECORD
KSA 82a-1201-1215

ddc (b)

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</u>	Section number: <u>11</u>	Township number: <u>T 11 S</u>	Range number: <u>R 18 E</u>
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:	
	<u>1.8 mi N Perry</u>			<u>RR1 Box 258C Perry Kansas 66073</u>	
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date <u>April 76</u>		
			Well depth _____ 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			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>PITS</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>3</u> in. to <u>26</u> ft. depth; Wall Thickness: inches or		
			Dia. _____ in. to _____ ft. depth; gage No. <u>200</u>		
			10. Screen: Manufacturer's name <u>Jess & Howell</u>		
			Type <u>RMP</u> Dia. <u>5 1/4</u>		
			Slot/gauze <u>3/16</u> Length <u>6'</u>		
			Set between <u>20</u> ft. and <u>26</u> ft.		
			Gravel pack? <u>yes</u> Size range of material <u>1/8-1/4</u>		
			11. Static water level: _____ mo./day/yr.		
			<u>7</u> ft. below land surface Date <u>April 76</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>12-14</u> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr.		
			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>April 76</u>		
			14. Well head completion:		
			<input checked="" 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>16</u> ft.		
			16. Nearest source of possible contamination:		
			ft. <u>500</u> Direction <u>East</u> Type <u>Septic</u>		
			Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump:		
			Not installed		
			Manufacturer's name <u>Jacuzzi</u>		
			Model number <u>384A</u> HP <u>1/3</u> Volts <u>230</u>		
			Length of drop pipe <u>25</u> ft. capacity <u>8-10</u> g.p.m.		
			Type:		
			<input checked="" 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>867</u>	19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
			<u>Robison Drilling 316</u>		
			Business name _____ License No. _____		
			Address <u>Perry K.S.</u>		
			Signed <u>Jack Robison</u> Date <u>April 76</u>		
			Authorized representative		

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

Form WWC-5

BR < 84 *

▽ = 860^H

T 11 R 18 W 11

DA P