

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

WATER WELL RECORD
KSA 82a-1201-1215

cab

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

1. Location of well:		County Jefferson	Fraction NW NE 1/4 NE 1/4 SW NW 1/4	Section number 18	Township number T 11 S 19 E 19	Range number R 19 E 19
2. Distance and direction from nearest town or city: 1W 2N - 3E			3. Owner of well: Galen Wilbut			
Street address of well location if in city: of Williamsstown			R.R. or street: City, state, zip code: RRI Perry, Ks 66073			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>5</u> in. Completion date <u>7-23-79</u> Well depth <u>100</u> ft.		
		<p>well X - 100'</p> <p>Creek</p>		7. <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		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
TOP SOIL		0	3	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 92</u> Weight <u>202</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>100</u> ft. depth gage No. <u>1258</u>		
Clay, brown		3	12	10. Screen: Manufacturer's name <u>Pumpco MPI</u> Type <u>PVC</u> Dia. <u>5</u> Slot gauze <u>1020</u> Length <u>30</u> Set between <u>20</u> ft. and <u>40</u> ft. <u>80</u> ft. and <u>100</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1030x0.06</u>		
SANDSTONE, water bearing		12	25	11. Static water level: <u>25</u> ft. below land surface Date <u>7-23-79</u> mo./day/yr.		
Shale, grey, Limestone, shaley		25	75	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>39 gpm</u> g.p.m.		
Limestone, grey, TAN		75	92	13. Water sample submitted: ____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date		
Shale, grey		92	100	14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>E</u> Type <u>Creek</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		
				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>STRADER Dely Co. Inc 112</u> Business name License No. Address <u>RRI Halton, Ks</u> Signed <u>Dale Becken</u> Date <u>7-24-79</u> Authorized representative		
18. Elevation: <u>8928</u>		19. Remarks: OWNER TO INSTALL SLAB				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5

11 190 18 1/4 NE NE 1/4

BR-916