

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

WATER WELL RECORD  
KSA 82a-1201-1215

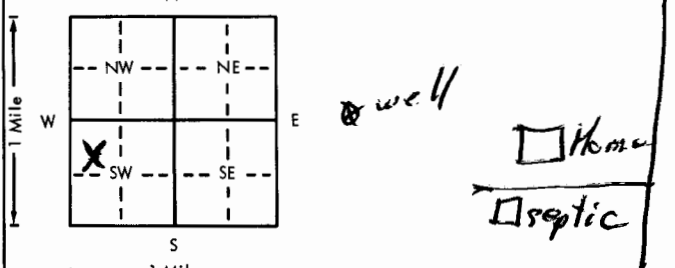
Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

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JBRT

cb2

Lot 3-4 Block 8

1. Location of well:	County <b>Jefferson</b>	Fraction <b>SE 1/4 NW 1/4 SW 1/4</b>	Section number <b>29</b>	Township number <b>T 11 S</b>	Range number <b>R 19 E E/W</b>
2. Distance and direction from nearest town or city: <b>well located in Williamstown.</b>			3. Owner of well: <b>Mary Walker Dale Umphred</b> R.R. or street: <b>RR 1 Perry, Kans 66073</b> City, state, zip code:		
4. Locate with "X" in section below: 			6. Bore hole dia. <b>8</b> in. Completion date <b>6-6-78</b> Well depth <b>62</b> ft.		
5. Type and color of material			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		
			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 <b>PVC</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>62</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200</b>		
			10. Screen: Manufacturer's name <b>Sup Flow</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>0.50</b> Length <b>7'</b> Set between <b>55</b> ft. and <b>62</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <b>No</b> Size range of material <input type="checkbox"/>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>21</b> ft. below land surface Date <b>6-6-78</b>		
(Use a second sheet if needed)			12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>20+</b> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>		
			14. Well head completion: Pitless adapter <b>24</b> Inches above grade		
			15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>19</b> ft.		
			16. Nearest source of possible contamination: ft. <b>100+</b> Direction <b>N West</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18. Elevation: <b>855</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			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. <b>Robison Drilling 316</b> Business name <b>Perry KS</b> License No. Address <b>Jack Robison</b> Signed <b>Jack Robison</b> Date <b>6-8-78</b> Authorized representative		
			19. Remarks: <b>owner to install cement slab.</b>		
			11 19 0 29 R W Sec 1/4 NW SW 1/4 1/4 1/4		
			BR < 79 8' E: 83 4/2		

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

Form WWC-5

MI-1023