

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

SE NW-NWSE

1. Location of well:	County Leavenworth	Fraction SE 1/4 NW 1/4 SE 1/4	Section number 15	Township number T 11 S	Range number R 21 E/W
2. Distance and direction from nearest town or city: Lea. #6 Tonganoxie			3. Owner of well: Bill Dykes		
Street address of well location if in city: 12 1/2 S 1/2 E 55R Tonganoxie			R.R. or street: Box 362		
4. Locate with "X" in section below:			City, state, zip code: Tonganoxie, MO 64086		
<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Sketch map:</p> </div> </div>			6. Bore hole dia. 8 in. Completion date 5-16-77 Well depth 113 ft.		
			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		
			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 PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC blue Weight 2.74 lbs./ft. Dia. 5 in. to 113 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 258		
5. Type and color of material			10. Screen: Manufacturer's name Pumped		
			Type PVC Dia. 5"		
			Slot/gauze .080 Length 10'		
			Set between 103 ft. and 113 ft.		
			ft. and <input type="checkbox"/> ft.		
			Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 x 1/8		
			11. Static water level: <input type="checkbox"/> mo./day/yr. 50 ft. below land surface Date 5-16-77		
			12. Pumping level below land surfaces: R1's test		
			<input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.		
			<input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.		
			Estimated maximum yield 20 g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
			14. Well head completion: Top Cap		
			<input type="checkbox"/> Pitless adapter 24 inches above grade		
			15. Well grouted? Yes		
			With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
			Depth: From 5 ft. to 15 ft.		
			16. Nearest source of possible contamination: ft. 150 Direction W Type laterals		
			Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			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		
18. Elevation: 900			20. Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
19. Remarks: Owner will construct cement slab around well			STRADER DRILLING INC 182		
#16 - New Home Proposed			Business name <input type="checkbox"/> License No. <input type="checkbox"/>		
			Address RT 1 HOLTAN, MO		
			Signed Jay Johnson Date 5-17-77		
			Authorized representative <input type="checkbox"/>		

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

Form WWC-5