

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

| | | | | | |
|--|------------------------------|--|--|--|--|
| 1. Location of well: | County Leavenworth | Fraction NE 1/4 NE 1/4 SE 1/4 | Section number 7 | Township number T 11 S R | Range number 22 E/W |
| 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: City, state, zip code: | | Mr. Alve Beach Route 3 Tonganoxie, Kansas | |
| 4. Locate with "X" in section below: Sketch map: | | 6. Bore hole dia. <u>8</u> in. Completion date <u>4-23-78</u> Well depth <u>155</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 | |
| <div style="text-align: center;"> </div> | | 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>PL.</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>157</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.280</u> | |
| | | 5. Type and color of material | | 10. Screen: Manufacturer's name <u>(Slotted Pipe)</u> <u>Vinylplex, Inc.</u> Type <u>PVC</u> Dia. <u>6"</u> Slot/gauze <u>.06 1/16</u> Length <u>105'</u> Set between <u>50</u> ft. and <u>155</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 - 1/8</u> | |
| | | From | To | 11. Static water level: <u>35</u> ft. below land surface Date <u>4-23-78</u> mo./day/yr. | |
| Top Soil | | 0 | 2 | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. | |
| Clay | | 2 | 6 | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | |
| Sandy Clay | | 6 | 10 | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade | |
| Sandstone | | 10 | 15 | 15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>15</u> ft. | |
| Sandy Shale | | 15 | 28 | 16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>west</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Shale | | 28 | 34 | 17. Pump: Not installed Manufacturer's name <u>Jacuzzi</u> Model number <u>7SLB</u> HP <u>3/4</u> Volts <u>220</u> Length of drop pipe <u>145</u> ft. capacity <u>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 | |
| Sandstone - Gray | | 34 | 39 | 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. BREUER, INC. License No. <u>174</u> Business name _____ Address <u>Box 147, Basehor, Ks. 66007</u> Signed: <u>[Signature]</u> Date <u>5/3/78</u> | |
| Shale | | 39 | 68 | | |
| Lime | | 68 | 83 | | |
| Shale | | 83 | 87 | | |
| Lime | | 87 | 92 | | |
| Shale | | 92 | 109 | | |
| Lime | | 109 | 126 | | |
| Shale | | 126 | 134 | | |
| Red Bed | | 134 | 138 | | |
| Shale | | 138 | 153 | | |
| Lime | | 153 | 155 | | |
| | | (Use a second sheet if needed) | | | |
| 18. Elevation: <u>895</u> Topography: <u>K.M.</u> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | 19. Remarks: | | <div style="float: right; text-align: right; font-size: 2em; font-weight: bold;"> 11 220 7 NE DENSE </div> | | |

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

Form WWC-5