

Sent to Leonard
7-14-77

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

WATER WELL RECORD
KSA 82a-1201-1215

Industrial
Watering
wells nearby

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

1. Location of well:		County GEARY	Fraction SW 1/4 NE 1/4 NE 1/4	Section number 21	Township number T 11	Range number R 5												
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:															
2 W + 4 N Jct. City, KS			ROCKWOOD SUB-DIVISION JUNCTION CITY, KS															
4. Locate with "X" in section below:		Sketch map: U.S. CORPS. LAND		6. Bore hole dia., 20 in. Completion date _____ Well depth 47 ft. 5-15-77														
		<p>DRAINAGE DITCH</p> <p>---X well</p> <p>---200'</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		8. Use: <input type="checkbox"/> Domestic <input checked="" 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														
		To		9. Casing: Material STEEL Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 39 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 10 in. to 47 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____														
<table border="1"> <tr> <td>TOP SOIL</td> <td>0</td> <td>7</td> </tr> <tr> <td>Clay, Brown</td> <td>7</td> <td>30</td> </tr> <tr> <td>Fine Sand</td> <td>30</td> <td>39</td> </tr> <tr> <td>Fine Sand, Coarse Sand, Gravel</td> <td>39</td> <td>47</td> </tr> </table>		TOP SOIL	0	7	Clay, Brown	7	30	Fine Sand	30	39	Fine Sand, Coarse Sand, Gravel	39	47			10. Screen: Manufacturer's name JOHNSON STAINLESS Type _____ Dia. 10" 10 gauze 060 Length 10' Set between 37 ft. and 47 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4" x 1/8"		
TOP SOIL	0	7																
Clay, Brown	7	30																
Fine Sand	30	39																
Fine Sand, Coarse Sand, Gravel	39	47																
				11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 5-15-77														
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 400 g.p.m.														
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____														
				14. Well head completion: <input checked="" type="checkbox"/> Fltless adapter 24 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 _____ ft. to 20 ft.														
				16. Nearest source of possible contamination: ft. 200 Direction W Type DRAINAGE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
				17. Pump: _____ Not installed Manufacturer's name JACUZZI Model number 2000M HP 20 Volts 1100 Length of drop pipe 35 ft. capacity 200 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														
18. Elevation:		(Use a second sheet if needed)		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. Stanley Dalg... Business name _____ License No. _____ Address Holtan, KS Signed Dale Dalg... Date 7-7-77 Authorized representative														
19. Remarks: we will install slab																		

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

Form WWC-5