

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 Riley	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 6	Township number T 11 S	Range number R 7 E/W
2. Distance and direction from nearest town or city: 1/2 E - 1/2 S Street address of well location if in city: OF ODGEN			3. Owner of well: Charles Allen R.R. or street: City, state, zip code: Odgen, KS			
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W E S 1 Mile</div>		Sketch map: House SEPTIC TANK well 50' 50' DRAINAGE ↓ ↓ ↓		6. Bore hole dia. 10 in. Completion date 4-13-76 Well depth 65 ft.		
5. Type and color of material		From To		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		
				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 GL Weight 2.58 lbs./ft. Dia. 5 in. to 65 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 258		
				10. Screen: Manufacturer's name PUMPCO Type RVC Dia. 5" Slot/gauze 060 Length 7' Set between 58 ft. and 65 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material Y&X&B		
				11. Static water level: <input type="checkbox"/> mo./day/yr. 20 ft. below land surface Date 4-13-76		
				12. Pumping level below land surfaces: AIR 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 100 g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
				14. Well head completion: CAPPED <input type="checkbox"/> Pitless adapter 29 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 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. 100 Direction E Type SEPTIC 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 <input type="checkbox"/> HP <input type="checkbox"/> Volts 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		
				(Use a second sheet if needed)		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: OWNER WILL INSTAL SLAB		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. Stander Dalg CO Inc 182 Business name License No. Address RT1 Holton, KS Signed Dale Ashen Date 4-17-76 Authorized representative		

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

Form WWC-5