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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

DCC

1. Location of well:		County <u>Wabash</u>	Fraction <u>SW SW SE</u> <u>SE 1/4 SE 1/4 SW 1/4</u>	Section number <u>1</u>	Township number <u>T 12</u> <u>S</u>	Range number <u>R 11</u> <u>SW</u>
2. Distance and direction from nearest town or city: <u>2.5 S 1.5 E</u>			3. Owner of well: <u>Tom Hudson</u>			
Street address of well location if in city: <u>OF Paxico</u>			R.R. or street: <u>RFD</u>			
			City, state, zip code: <u>Paxico, KS 66526</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>12</u> in. Completion date <u>10-13-78</u>		
				Well depth <u>78</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		
				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>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>48</u> in. RMP <u>PVC 9L</u> Weight <u>3.58</u> lbs./ft. Dia. <u>6</u> in. to <u>78</u> ft. depth <u>Y</u> Wall Thickness: inches or Dia. <u>in.</u> to <u>ft.</u> depth <u>gauge No.</u> <u>280</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Pumpco MPI</u>		
<u>TOP SOIL</u>		<u>0</u>	<u>6</u>	Type <u>PVC</u> Dia. <u>6</u>		
<u>Clay, Blue</u>		<u>6</u>	<u>18</u>	Slot/gauze <u>1020</u> Length <u>20</u>		
<u>Chert, gravel 1/4x1/8 x 1/2x1"</u>		<u>18</u>	<u>24</u>	Set between <u>18</u> ft. and <u>38</u> ft.		
<u>Shale, grey, Limestone, grey</u>		<u>24</u>	<u>78</u>	<u>ft.</u> and <u>ft.</u>		
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1030/1060</u>		
				11. Static water level: <u>18</u> ft. below land surface Date <u>10-13-78</u> mo./day/yr.		
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.		
				13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No Date ____		
				14. Well head completion: <u>Cap</u> ____ Pitless adapter <u>348</u> 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 <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>S</u> Type <u>Creek</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: ____ Not installed Manufacturer's name <u>Meyers</u> Model number ____ HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>60</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		
18. Elevation: <u>1017</u>		(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. <u>STRADER Dalg Co</u> <u>182</u> Business name License No. Address <u>PTI Holton, KS</u> Signed <u>Dale Strader</u> Date <u>10-16-78</u> Authorized representative		
19. Remarks: <u>OWNER TO INSTALL SLAB</u>						

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

Form WWC-5

BR = 993

▽ = 999

T 12 R 11 S 1 SE SE SW