PRINT CLEARLY. WATER WELL RECORD
KSA 82a-1201-1215 Kansas Department of Health and 95.22230 38.97795 **Environment-Division of Environment** (Water well Contractors) NW NW SW Topeka, Kansas 66620 Section number Township number Range number 1. Location of well: 500 1/4500 1/4AVE 1/4 2. Distance and direction from nearest town or city: 3. Owner of well: Lengral Holladay R.R. or street: 718 Locust St. Street address of well location if in city: 7/8 Locust 9+ City, state, zip code: Lawrence Kares 4 4. Locate with "X" in section below: __in. Completion date Well depth 🙆 🗘 ft. Locust 7. _ Cable tool 🔀 Rotary _ Driven _ Dug __ Hollow rod __ Jetted ___ Bored __ Reverse rotary 8. Use: __ Domestic __ Public supply __ Industry _ Irrigation ___ Air conditioning ___ Stock 🔀 Lawn 💹 Oil field water 💹 Other 9. Casing: Material DVC Height: Above or below Surface 24 Threaded _____ Welded _____ RMP_____PV@ILC_Weight 2.74_lbs./ft Dia. 5 in. to 65 ft. depth! Wall Thickness: inches or - 1 Mile Dia. ___ in. to ____ ft. depth gage No. 1257 5. Type and color of material From 10. Screen: Manufacturer's name 0 Slot/gauze 1020 _ Length _ 3 Set between 50 _ft. and _ Gravel pack? Size range of material 030-060 11. Static water level: 40 ft. below land surface Date <u>6</u> 12. Pumping level below land surfaces: A T ___ ft. after _____ hrs. pumping _ _ hrs. pumping Estimated maximum yield _____50 13. Water sample submitted: No Date 14. Well head completion: CC-P TOS Pitless adapter __ Inches above grade 15. Well grouted? With: Neat cement ... Bentonite _ Depth: From ______ ft. to _____ ft. 16. Nearest source of possible contamination: ft. 50 Direction W Type Drs. 4 Well disinfected upon completion? _____ Yes ✓ Not installed Manufacturer's name _ Ю __ HP ____ Model number _____ Length of drop pipe ---_ ft. capacity ___ Type: ___ Submersible __ Turbine ____ Jet __ Reciprocating (Use a second sheet if needed) Centrifugal 19. Remarks: Dury of will Construct 18. Elevation: 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report Coment S/ab around well is true to the best of my knowledge and belief. Topography: TRAder URIA Co Inc _ Hill Address #0/70% Slope askren Upland ✓ Valley Authorized representative Forward the white, blue and pink copies to the Department of Health and Environment Form WWC-5