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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

ADP
NW
SE NE

1 Location of well:	County <u>Leavenworth</u>	Township name	Fraction <u>SE 1/4</u>	Section number <u>10</u>	Town number <u>12 S</u>	Range number <u>21 E</u>
Distance and direction from nearest town or city: <u>2 mi. N.W. of Linwood</u>				3 Owner of well: <u>George Metzger</u> Address: <u>RR #1 Box 188 Linwood Ks 66052</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>62</u> ft. Date of completion <u>3-24-76</u> Well diameter <u>5</u> in.		
				5 <input checked="" type="checkbox"/> Cable tool <input 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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <u>Styrofoam</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. <u>5</u> in. to <u>62</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>0.200</u> in. to <u>62</u> ft. depth		
2 Type and color of material				8 Screen:		
				Manufacturer <u>Field Test Saddle</u>		
<u>2 Top soil</u>				Type <u>Styrofoam</u> Dia. <u>5"</u>		
<u>Sandstone yellow</u>				Slot/gauze <u>3/16</u> Length <u>32</u>		
<u>Shale grey</u>				Set between <u>30</u> ft. and <u>62</u> ft.		
				Fittings:		
				Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <u> </u>		
				9 Static water level: <u>36</u> ft. below land surface Date <u>Mar 22, 76</u>		
				10 Pumping level below land surfaces:		
				<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.		
				<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.		
				Estimated maximum yield <u>10</u> g.p.m.		
				11 Water sample submitted:		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
				12 Well head completion:		
				<input type="checkbox"/> Pitless adapter <u>84</u> inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				<input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/>		
				Depth: From <u>0</u> ft. to <u>25</u> ft.		
				14 Nearest source of possible contamination:		
				ft. <u>100</u> Direction <u>ESE</u> Type <u>Septic</u>		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump:		
				<input checked="" type="checkbox"/> Not installed		
				Manufacturer's name <u> </u>		
				Model number <u> </u> HP <u> </u> Volts <u> </u>		
				Length of drop pipe <u> </u> ft. capacity <u> </u> g.m.p.		
				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		
16 Remarks: elevation				17 Water well contractor's certification:		
<u>910</u> owner to install slab.				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
Topography: <u>920</u> from map				<u>Robison Drilling</u>		
<input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				Business name <u>Perry Ks. 316A</u> License No. <u> </u>		
				Address <u> </u>		
				Signed <u>Jack Robison</u> Date <u>April 12, 76</u>		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

BR elev = 908 918 814
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