

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

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

WATER WELL RECORD  
KSA 82a-1201-1215

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

1 Location of well:	County <b>DICKISON</b>	Township name <b>CHAPMAN</b>	Fraction <b>SE 1/4</b>	Section number <b>10</b>	Town number <b>12</b>	Range number <b>4E of 6 PM</b>
Distance and direction from nearest town or city: <b>10 mi. west 1/2 south junction city</b> Street address of well location if in city: <b>10 mi west S.C. on 18 Highway + 1 mi S.</b>				3 Owner of well: <b>KENO MAXON</b> Address: <b>P.R. MILFORD KANSAS</b>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>110</b> ft. Date of completion <b>2-27-76</b> Well diameter <b>2</b> in. <b>Bore hole w"</b>		
				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"/>		
2		Type and color of material		From	To	PVC Material <b>2 1/2</b> Height: <b>above</b> below Threading: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>110</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth
		<b>TOP SOIL BLACK</b>		<b>1</b>	<b>15</b>	8 Screen: Manufacturer <b>Pumpeo</b> Type <b>PVC</b> Dia <b>3"</b> Slat/gauze <b>240</b> Length <b>30'</b> Set between <b>110</b> ft. and <b>80</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8"</b>
		<b>YELLOW LIME ROCK man pores</b>		<b>15</b>	<b>35</b>	9 Static water level: <b>90</b> ft. below land surface Date <b>2-27-76</b>
		<b>RED SHALE</b>		<b>35</b>	<b>60</b>	10 Pumping level below land surfaces: <b>BUCKETED</b> ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <b>50</b> g.p.m.
		<b>YELLOW LIME ROCK</b>		<b>60</b>	<b>89</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>2-27-76</b>
		<b>BLUE SHALE</b>		<b>89</b>	<b>92</b>	12 Well head completion: <b>NOT INSTALLED</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
		<b>WHITE LIMESTONE (WATER)</b>		<b>92</b>	<b>110</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Depth: From <b>25</b> ft. to <b>5</b> ft.
						14 Nearest source of possible contamination: ft. <b>655</b> Direction <b>west</b> Type <b>pond</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Strader Drilling Co 237</b> Business name _____ License No. _____ Address <b>Blue Rapids</b> Signed <b>Harold Strader</b> Date <b>2-27-76</b> Authorized representative

12 4E 10 SE

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

Form WWC-5