

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 Dickinson	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 17	Township number T 12 S	Range number R 4 E
2. Distance and direction from nearest town or city: 8W of J. City on 18 Highway + 25 west side. Street address of well location if in city:			3. Owner of well: KENO MAXON R.R. or street: RR West City, state, zip code: Junction City, KS 66441		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 10 in. Completion date _____ Well depth 112 ft. 5-29-76	
		<p>7. <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</p> <p>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</p> <p>9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface 14 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 112 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 0.258</p>		10. Screen: Manufacturer's name _____ Pumpeo Type PVC Dia. 5" <input checked="" type="checkbox"/> gauze .025 Length 40 ft. Set between 52 ft. and 92 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2-1/4	
				11. Static water level: _____ mo./day/yr. 90 ft. below land surface Date 5-29-76	
5. Type and color of material		From	To	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Top soil, black		1	15	14. Well head completion: NA _____ Pitless adapter _____ Inches above grade	
Lime rk, yellow, hard		15	35	15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 6 ft. to 20 ft.	
Shale, red		35	60	16. Nearest source of possible contamination: ft. 100 Direction E Type Corros Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No	
Limestone, yellow		60	89	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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	
Shale, blue		89	92	18. Elevation: _____ 19. Remarks: _____ Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
Limestone, white, porous		92	112		
(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. Stradner Drig Co. 237 Business name License No. Address Blue Rapids Harold Stradner 5-29-76 Signed Date Authorized representative					

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

By Sub copy Form WWC-5