

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 <b>GEARY</b>	Fraction <b>NE 1/4 NE 1/4 NE 1/4</b>	Section number <b>23</b>	Township number <b>T 12 S</b>	Range number <b>R 4 E</b>
2. Distance and direction from nearest town or city: <b>5.5 W of</b>			3. Owner of well: <b>RICHARD ROSS</b>			
Street address of well location if in city: <b>JUNCTION CITY</b>			R.R. or street: <b>RT 3 Box 94-A</b>			
			City, state, zip code: <b>JUNCTION CITY, KS. 66441</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>115</b> ft. <b>6-16-78</b>		
				7. 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		
5. Type and color of material		From	To	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		
Top Soil		0	4	9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>29</b> in. RMP <input type="checkbox"/> PVC <b>9L</b> Weight <b>2.58</b> lbs./ft. Dia. <b>5</b> in. to <b>115</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>274</b>		
Shale, yellow		4	30	10. Screen: Manufacturer's name _____ <b>Pumped MP</b> Type <b>PVC</b> Dia. <b>5</b> <input checked="" type="checkbox"/> Slot gauze <b>.020</b> Length <b>90</b> Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>.030x.060</b>		
Limestone, gray, flint		30	60	11. Static water level: _____ mo./day/yr. <b>60</b> ft. below land surface Date <b>6-16-78</b>		
Limestone, yellow-		60	69	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>182</b> g.p.m.		
Limestone, gray, flint		69	100	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Shale, gray, red		100	115	14. Well head completion: <b>CAP</b> <input type="checkbox"/> Pitless adapter <b>29</b> 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 <b>5</b> ft. to <b>15</b> ft.		
				16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>S</b> Type <b>SEPTIC</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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		
				(Use a second sheet if needed)		
18. Elevation:		19. Remarks:		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. <b>STRADER Drilling</b> <b>182</b> Business name License No. Address <b>RT 1 Holton, KS</b> Signed <b>Dale Adams</b> Date <b>6-22-78</b> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>OWNER TO INSTALL SLAB</b>				

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

Form WWC-5