

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 Geary	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 11	Township number T 12 S R 5	Range number E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: R.R. or street: City, state, zip code:			
2. Distance and direction from nearest town or city: FN Junction		3. Owner of well: Kenneth Dunham			
Street address of well location if in city: CITY, JACKSON BLVD.		R.R. or street: 117 HOVER RD			
City, state, zip code: JUNCTION CITY, KS					
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>55</u> ft. <u>7-12-77</u>		
			7. <input checked="" type="checkbox"/> 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			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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		
			9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>29</u> in. RMP <input type="checkbox"/> PVC <u>9L</u> Weight <u>2155</u> lbs./ft. Dia. <u>5</u> in. to <u>55</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>258</u>		
			10. Screen: Manufacturer's name _____ Type <u>PVC</u> Dia. <u>5</u> Gage/gauze <u>.020</u> Length <u>10</u> Set between <u>45</u> ft. and <u>55</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1030X1060</u>		
			11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>7-12-77</u>		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion: <u>CAP</u> <u>24</u> Pitless adapter _____ 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 <u>5</u> ft. to <u>15</u> ft.		
			16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>S</u> Type <u>DRAINAGE</u> 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:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		owner to install slab		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. STADLER Dalg Co <u>182</u> Business name License No. Address <u>Holtan, KS</u> Signed <u>Dale Ashman</u> Date <u>7-14-77</u> Authorized representative	

T 12 S R 5 SW 1/4 SW 1/4 SW 1/4

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

Form WWC-5