

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

SW 1/4 NW 1/4, SW 1/4

1. Location of well:		County <u>Osage</u>	Fraction <u>SW 1/4</u> 1/4 1/4 1/4	Section number <u>35</u>	Township number <u>T 12 South</u> S R	Range number <u>6 East</u> E N
2. Distance and direction from nearest town or city: <u>Dowl Creek road Southeast of Junction City 7 miles</u>		3. Owner of well: <u>wm Gustafson</u>		R.R. or street: <u>P.T.O. 4</u>		
Street address of well location if in city: <u>East side road</u>		City, state, <u>Mo. 6644</u>		Date: <u>June 10-71</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date <u>June 10-71</u> Well depth <u>62</u> ft.		
				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		
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		
<u>top soil</u>		<u>0</u>	<u>6</u>	9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>29</u> lbs./ft. Dia. <u>7</u> in. to <u>34</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>35</u> ft. depth gage No.		
<u>clay</u>		<u>6</u>	<u>24</u>	10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>P.V.C.</u> Dia. <u>5</u> Slot/gauze <u>0.40</u> Length <u>30</u> Set between <u>30</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 to 1/2</u>		
<u>Gravel &amp; sand</u>		<u>24</u>	<u>30</u>	11. Static water level: _____ mo./day/yr. <u>30</u> ft. below land surface Date <u>6-10-77</u>		
<u>Rocks Limestone</u>		<u>30</u>	<u>45</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>5</u> g.p.m.		
<u>Blue Shale</u>		<u>45</u>	<u>62</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <u>NA</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 checked="" type="checkbox"/> Concrete Depth: From <u>15</u> ft. to <u>5</u> ft.		
				16. Nearest source of possible contamination: _____ ft. <u>200</u> Direction <u>east</u> Type <u>Creek</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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other		
				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. <u>Strader Drilling Co</u> <u>2-37</u> Business name _____ License No. _____ Address <u>Blue Rapids</u> Signed <u>Harold Strader</u> Date <u>6-10-77</u> Authorized representative		
18. Elevation:	19. Remarks:		(Use a second sheet if needed)			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5