

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 <u>Jearny</u>	Fraction <u>S East</u> 1/4 1/4 1/4	Section number <u>7</u>	Township number <u>T 2 South S</u>	Range number <u>R 7 east E/W</u>
2. Distance and direction from nearest town or city: <u>0.6 mi Southeast Junction City on Humboldt creek</u> Street address of well location if in city:			3. Owner of well: <u>H & R Swine Farm</u> R.R. or street: City, state, zip code: <u>Junction City Kans</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>4</u> in. Completion date <u>12-14-76</u> Well depth <u>69</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>Soil, top</u>		<u>0</u>	<u>4</u>	9. Casing: Material: <u>STEEL</u> Weight: <u>Above</u> or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>26</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>24</u> lbs./ft. Dia. <u>7</u> in. to <u>34</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>		
<u>clay</u>		<u>4</u>	<u>18</u>	10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5 1/2</u> Slot/gauze <u>1/4</u> Length <u>20</u> Set between <u>17</u> ft. and <u>37</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft.		
<u>shale blue</u>		<u>18</u>	<u>22</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 X 1/2</u>		
<u>Rock limestone</u>		<u>22</u>	<u>48</u>	11. Static water level: _____ _____ ft. below land surface Date _____		
<u>Rock + Blue shale rock</u>		<u>48</u>	<u>69</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>11</u> g.p.m.		
				13. Water sample submitted: _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <u>NA</u> <input type="checkbox"/> 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>14</u> ft. to <u>4</u> ft.		
				16. Nearest source of possible contamination: _____ ft. <u>150</u> Direction <u>NORTH</u> Type <u>legume</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		
18. Elevation:		(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. <u>Strader Drilling Co 23</u> Business name <u>Blue Rapids</u> License No. _____ Address _____ Signed <u>Harold Strader</u> Date <u>12-16-76</u> Authorized representative		
19. Remarks:						

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

Form WWC-5