

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

*Doug Reynaud*  
Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <b>GRAPE</b>	Fraction <b>SW CORNER</b> <b>NE 1/4 SW 1/4 SW 1/4</b>	Section number <b>31</b>	Township number <b>T 12 South S</b>	Range number <b>R 8</b>	<b>EW</b>
2. Distance and direction from nearest town or city: <b>10 miles NORTH WEST</b>			3. Owner of well: <b>Doug Reynaud</b>				
Street address of well location if in city: <b>Alta Vista Ks</b>			R.R. or street: <b>RR #1</b>				
			City, state, zip code: <b>Alta Vista, Kansas</b>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>7</b> in. Completion date <b>08/17/75</b>		
		<b>CCA</b>			Well depth <b>50</b> ft. <b>1975</b>		
					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		
					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		
					9. Casing: Material <b>PVC</b> Height: (Above or below) Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>72</b> in. RMP <b>1</b> PVC <b>02</b> Weight <b>250</b> lbs./ft. Dia. <b>5</b> in. to <b>30</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>160</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>HOMER PERFORATED</b>			
<b>BLACK TOP SOIL</b>		<b>1</b>	<b>5</b>	Type <b>PVC</b> Dia. <b>3"</b>			
<b>RED CLAY</b>		<b>5</b>	<b>10</b>	Slot/gauze <b>0.40</b> Length <b>20</b>			
<b>LIMESTONE ROCK YELLOW</b>		<b>10</b>	<b>20</b>	Set between <b>15</b> ft. and <b>35</b> ft.			
<b>BLUE SHALE</b>		<b>20</b>	<b>50</b>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8" - 1/2"</b>			
				11. Static water level: <b>13</b> ft. below land surface Date <b>08/17/75</b>			
				12. Pumping level below land surfaces: <b>BUCKETED</b>			
				____ ft. after ____ hrs. pumping ____ g.p.m.			
				____ ft. after ____ hrs. pumping ____ g.p.m.			
				Estimated maximum yield <b>40</b> g.p.m.			
				13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date			
				14. Well head completion: <b>NA</b> inches above grade			
				15. Well grouted? <b>grout</b>			
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete			
				Depth: From <b>6</b> ft. to <b>17</b> ft.			
				16. Nearest source of possible contamination: ft. <b>50</b> Direction <b>South</b> Type <b>Creek</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.			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				<b>Strader Drilling Co 239</b> Business name _____ License No. _____ Address <b>Blue Rapids Kans</b> Signed <b>Harold Strader</b> Date <b>07/75</b> Authorized representative			

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

Form WWC-5