

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>SHAWNEE</b>	Fraction <b>NE NE NE SW 1/4 SW 1/4 NW 1/4</b>	Section number <b>15</b>	Township number <b>T 13</b>	Range number <b>S R 16</b>	<b>FW</b>
2. Distance and direction from nearest town or city: <b>1 S</b> Street address of well location if in city: <b>OF BERRINGTON</b>			3. Owner of well: <b>BOB POWLER</b> R.R. or street: <b>RR 2</b> City, state, zip code: <b>BERRINGTON, KS 66409</b>				
4. Locate with "X" in section below:		Sketch map: <b>X well</b>			6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>140</b> ft. <b>5-17-76</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					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		
					Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. RMP <b>PVC 9 L</b> Weight <b>2.82</b> lbs./ft. Dia. <b>3</b> in. to <b>140</b> ft. depth <input checked="" type="checkbox"/> Thickness: inches or Dia. _____ in. to _____ ft. depth <input type="checkbox"/> No. <b>258</b>		
					10. Screen: Manufacturer's name _____ Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>0.00</b> Length <b>40</b> Set between <b>60</b> ft. and <b>80</b> ft. <b>120</b> ft. and <b>140</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 X 1/8</b>		
					11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>5-17-76</b>		
					12. Pumping level below land surfaces: <b>AIR TEST</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
					14. Well head completion: _____ CAPPED <input type="checkbox"/> Pitless adapter <b>24</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>0</b> ft. to <b>10</b> ft.		
					16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>SE</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		
18. Elevation:		19. Remarks: <b>OWNER WILL INSTAL SLAB</b>			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 DALE CO INC 192</b> Business name _____ License No. _____ Address <b>RT 1 HUTTON, KS</b> Signed <b>Dale Strader</b> Date <b>5-17-76</b> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 13 R 16 S 15 NE NE NE

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

Form WWC-5