

westside road

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>South West</u> 1/4 1/4 <u>4</u> 1/4		Section number <u>6</u>	Township number <u>T 13 South S</u>	Range number <u>Range 5 east EW</u>																								
2. Distance and direction from nearest town or city: <u>Junction City</u> <u>5 mi South on 77 + 4 mi West</u>				3. Owner of well: <u>Lawrence Metcalf</u> R.R. or street: City, state, zip code: <u>Junction City Kans</u>																										
4. Locate with "X" in section below: N 1 Mile W S 1 Mile		Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date <u>6-15-77</u> Well depth <u>80</u> ft.																										
		<table border="1"> <tr> <th>Type and color of material</th> <th>From</th> <th>To</th> </tr> <tr> <td><u>top Soil</u></td> <td><u>0</u></td> <td><u>6</u></td> </tr> <tr> <td><u>Clay</u></td> <td><u>6</u></td> <td><u>20</u></td> </tr> <tr> <td><u>Clay + fine sand</u></td> <td><u>30</u></td> <td><u>5</u></td> </tr> <tr> <td><u>Sandy</u></td> <td><u>20</u></td> <td><u>25</u></td> </tr> <tr> <td><u>Rocky</u></td> <td><u>25</u></td> <td><u>26</u></td> </tr> <tr> <td><u>shale red</u></td> <td><u>26</u></td> <td><u>30</u></td> </tr> <tr> <td><u>shale Blue</u></td> <td><u>30</u></td> <td><u>80</u></td> </tr> </table>		Type and color of material	From	To	<u>top Soil</u>	<u>0</u>	<u>6</u>	<u>Clay</u>	<u>6</u>	<u>20</u>	<u>Clay + fine sand</u>	<u>30</u>	<u>5</u>	<u>Sandy</u>	<u>20</u>	<u>25</u>	<u>Rocky</u>	<u>25</u>	<u>26</u>	<u>shale red</u>	<u>26</u>	<u>30</u>	<u>shale Blue</u>	<u>30</u>	<u>80</u>	7. <input checked="" type="checkbox"/> Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary		
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5. Type and color of material			8. Use: <input checked="" type="checkbox"/> Domestic ___ Public supply ___ Industry ___ Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other																											
(Use a second sheet if needed)			9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded <input checked="" type="checkbox"/> Welded ___ Surface <u>14</u> in. RMP ___ PVC <input checked="" type="checkbox"/> Weight <u>22</u> lbs./ft. Dia. <u>7.5</u> in. to <u>25</u> ft. depth Wall Thickness: inches Dia. <u>5</u> in. to <u>80</u> ft. depth gauge No. <u>200 PSI</u>																											
			10. Screen: Manufacturer's name <u>Pumped</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>.060</u> Length <u>40</u> Set between <u>25</u> ft. and <u>65</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 X 1/4</u>																											
18. Elevation:			11. Static water level: <u>25</u> ft. below land surface Date <u>6-15-77</u> mo./day/yr.																											
			12. Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <u>4</u> g.p.m.																											
19. Remarks:			13. Water sample submitted: ___ Yes <input checked="" type="checkbox"/> No Date ___																											
			14. Well head completion: <u>NA</u> ___ Pitless adapter ___ Inches above grade																											
Topography: ___ Hill ___ Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			15. Well grouted? <input checked="" type="checkbox"/> With: ___ Neat cement ___ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>14</u> ft. to <u>4</u> ft.																											
			16. Nearest source of possible contamination: <u>200</u> ft. Direction <u>North</u> Type <u>Prigg</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ___ No																											
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 License No. Address <u>Blue Rapids</u> <u>Harold Strader</u> Date <u>6-15-77</u> Authorized representative			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ___ HP ___ Volts ___ Length of drop pipe ___ ft. capacity ___ g.p.m. Type: ___ Submersible ___ Turbine ___ Jet ___ Reciprocating ___ Centrifugal ___ Other																											

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

Form WWC-5