

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>GEARY</b>	Fraction <b>NE 1/4 SE 1/4 SE 1/4</b>	Section number <b>35</b>	Township number T <b>13</b> S R	Range number <b>5</b> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Steve Walker</b> R.R. or street: City, state, zip code: <b>JUNCTION CITY</b>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: <b>SEPTIC</b> <b>House</b> <b>150'</b> <b>X well</b>		6. Bore hole dia. <b>10</b> in. Completion date Well depth <b>32</b> ft. <b>6-7-78</b>	
5. Type and color of material			From		To	
			TOP SOIL		0	5
			Clay, Brown		5	22
			CHERT		22	32
			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		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>29</b> in. RMP <input type="checkbox"/> PVC <b>9L</b> Weight <b>258</b> lbs./ft. Dia. <b>5</b> in. to <b>32</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1274</b>		10. Screen: Manufacturer's name <b>Pumpco mpe</b> Type <b>PVC</b> Dia. <b>5</b> Slot gauze <b>1020</b> Length <b>10</b> Set between <b>22</b> ft. and <b>32</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1030x106</b>	
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>18</b> ft. below land surface Date <b>6-7-78</b>		12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>10</b> g.p.m.	
			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		14. Well head completion: <b>CAP</b> <input type="checkbox"/> Pitless adapter <b>29</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>150'</b> Direction <b>N</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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	
19. Remarks: <b>OWNER TO INSTALL 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 Dalg Co Inc 182</b> Business name License No. Address <b>RT 1 Holton, KS</b> Signed <b>Dale Osborn</b> Date <b>6-9-78</b> Authorized representative		18. Elevation: 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