

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>Leary</u>	Fraction <u>NW 1/4</u> 1/4 1/4	Section number <u>21</u>	Township number <u>T 13 S</u>	Range number <u>R 8 E of 6 PM</u> E/W
2. Distance and direction from nearest town or city: <u>3 mi N of Skiddy</u>			3. Owner of well: <u>Jim Maloney BOV 77</u> R.R. or street: <u>Junction City Kans</u> City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>3-20-76</u> Well depth <u>43</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>top soil to 18 ft</u>				<u>0</u>	<u>18</u>	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>5</u> in. to <u>43</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>43</u> ft. depth gage No. _____
<u>yellow limestone Rock</u>				<u>18</u>	<u>24</u>	10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>0.40</u> Length <u>20'</u> Set between <u>18</u> ft. and <u>38</u> ft.
<u>Blue shale</u>				<u>24</u>	<u>43</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4x4</u> ft.
						11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>3-20-76</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>30</u> g.p.m.
						13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
						14. Well head completion: _____ inches above grade <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____
						15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>14</u> ft.
						16. Nearest source of possible contamination: ft. <u>500</u> Direction <u>North</u> Type <u>Creek</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
						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. <u>Strader Drilling Co 237</u> Business name <u>Blue Rapids</u> License No. _____ Address <u>Harold Strader</u> Signed <u>Harold Strader</u> Date <u>3-20-76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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