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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

change  
CAP

1. Location of well:		County <b>Wabawunsee</b>	Fraction <b>change</b> <del>NN</del> <b>1/4 NE 1/4 SW 1/4</b>	Section number <b>3</b>	Township number T <b>14</b>	Range number S R <b>11</b>	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>Lake Wabawunsee</b>				3. Owner of well: <b>DEIBERT CROSS</b> R.R. or street: <b>RFD Eskridge, KS</b> City, state, zip code: <b>LAKE WABAUNSEE 66423</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>120</b> ft. <b>4-23-76</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				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	
TOP SOIL				0	3	X Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. RMP <b>PVC 92</b> Weight <b>2.82</b> lbs./ft. Dia. <b>5</b> in. to <b>120</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>1258</b>	
BROWN CLAY				3	12	10. Screen: Manufacturer's name <b>RUMPCO</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>.060</b> Length <b>40</b> Set between <b>60</b> ft. and <b>100</b> ft. _____ ft. and _____ ft.	
GREY LIME				12	47	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>4X1/8</b>	
BLUESHALE				47	60	11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>4-23-76</b>	
YELLOW LIME				60	62	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 <b>59 gph</b> _____ g.p.m.	
RED SHALE				62	90	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
GREY LIME				90	112	14. Well head completion: <b>CAPPED</b> <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade	
RED SHALE				112	120	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.	
(Use a second sheet if needed)						16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>NE</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: <b>1330 ft</b>		19. Remarks: <b>OWNER WILL 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 Drilling Co. Inc 192</b> Business name _____ License No. _____ Address <b>RT1 HOLTON, KS</b> Signed <b>Dale Babson</b> Date <b>4-24-76</b> Authorized representative			

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

Form WWC-3

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