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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

CBB

1. Location of well:		County <b>WABAUNSEE</b>	Fraction <b>NW 1/4 NW 1/4 SW 1/4</b>	Section number <b>3</b>	Township number <b>T 14 S R 11</b>	Range number <b>EW</b>	
2. Distance and direction from nearest town or city: <b>AT LAKE WABAUNSEE</b> Street address of well location if in city: <b>NW OF ESKRIDGE</b>				3. Owner of well: <b>DAVE DEAN</b> R.R. or street: <b>3114 CANTERBURY DR.</b> City, state, zip code: <b>TOPEKA, KS</b>			
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		6. Bore hole dia. <b>8</b> in. Completion date <b>8-8-77</b> Well depth <b>80</b> ft.	
5. Type and color of material				From		To	
				<b>Top soil</b>		<b>0</b>	<b>2</b>
				<b>Shaley Limestone</b>		<b>2</b>	<b>42</b>
				<b>Shale, blk., red, grey</b>		<b>42</b>	<b>61</b>
				<b>Shaley Limestone</b>		<b>61</b>	<b>80</b>
				7. <input checked="" type="checkbox"/> 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: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. RMP <input type="checkbox"/> PVC <b>92</b> Weight <b>250</b> lbs./ft. Dia. <b>5</b> in. to <b>80</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>250</b>			
				10. Screen: Manufacturer's name <b>APF</b> Type <b>PVC</b> Dia. <b>5</b> Gauge <b>020</b> Length <b>40</b> Set between <b>40</b> ft. and <b>80</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>030x060</b>			
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>42</b> ft. below land surface Date <b>8-8-77</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>19PH</b> g.p.h.			
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
				14. Well head completion: <b>CAP</b> <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>E</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 <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: <b>1335?</b> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>OWNER TO 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>STRAIDER DALE W INC 182</b> Business name License No. Address <b>RT 1 HOLTAN KANSAS</b> Signed <b>Dale Strader</b> Date <b>8-10-77</b> Authorized representative			

T 14 S R 11  
Sec 3  
NW 1/4 SW 1/4

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

Farm WWC-5

BR = 1333

▽ = 1293