

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

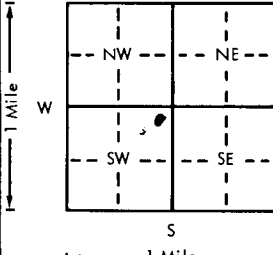
WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

9-2 Lake

chaf loc. + el. jd

DCA

1. Location of well:	County <u>Wabaunsee</u>	Fraction <u>SW SE</u> <u>NE 1/4 NE 1/4 S 1/4</u>	Section number <u>4</u>	Township number <u>T 14 S</u>	Range number <u>R 11 E</u>
2. Distance and direction from nearest town or city: <u>4 1/2 W 1/2 S</u> Street address of well location if in city: <u>of Eskridge</u>			3. Owner of well: <u>George Nelson</u> R.R. or street: <u>Eskridge, Ks. 66423</u> City, state, zip code:		
4. Locate with "X" in section below:  Sketch map: <u>None</u> <u>well</u>			6. Bore hole dia. <u>6 1/4</u> in. Completion date <u>Sept 10, 79</u> Well depth <u>80</u> ft.		
5. Type and color of material			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		
			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 <u>RMP</u> Height: <u>Above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>27</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>5</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>200</u>		
			10. Screen: Manufacturer's name <u>Ler-Mac</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/16</u> Length <u>45'</u> Set between <u>35</u> ft. and <u>80</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>no</u> Size range of material <u> </u>		
			11. Static water level: <u>28</u> ft. below land surface Date <u>9/10/79</u> mo./day/yr.		
(Use a second sheet if needed)			12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>20 GPH</u> g.p.m.		
			13. Water sample submitted: <u> </u> ma./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
			14. Well head completion: <u> </u> Pitless adapter <u>24</u> inches above grade		
			15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>22</u> ft.		
			16. Nearest source of possible contamination: ft. <u>50+</u> Direction <u>North</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18. Elevation: <u>1292/308</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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		
			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>Robbie Drilling 316</u> Business name <u>Perry Ks.</u> License No. <u> </u> Address <u> </u> Signed <u> </u> Date <u>9/10/79</u> Authorized representative		
			14 <u>NE</u> 11 <u>SW</u> 4 <u>SW</u> 1/4 <u>NE</u> 1/4 <u>SW</u>		
			14 <u>NE</u> 11 <u>SW</u> 4 <u>SW</u> 1/4 <u>NE</u> 1/4 <u>SW</u>		

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

Form WWC-5