

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

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1. Location of well:		County <b>WABAUNSEE</b>	Fraction <b>SW SW SE SW 1/4 SW 1/4 SE 1/4</b>	Section number <b>4</b>	Township number T <b>14</b>	Range number S R <b>11</b>	<b>EW</b>
2. Distance and direction from nearest town or city: <b>AT LAKE</b>			3. Owner of well: <b>JIM FREDRICK</b>				
Street address of well location if in city: <b>WABAUNSEE</b>			R.R. or street:				
			City, state, zip code: <b>RR2 Alma, KS</b>				
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <b>5</b> in. Completion date _____		
					Well depth <b>60</b> ft. <b>4-29-76</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>SPC</b> Height: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>24</b> in. RMP _____ PVC <b>90</b> Weight <b>2.58</b> lbs./ft. Dia. <b>5</b> in. to <b>60</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>258</b>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____		
<b>TOP SOIL</b>			<b>0</b>	<b>3</b>	<b>RUMPCO</b>		
<b>BROWN CLAY</b>			<b>3</b>	<b>14</b>	Type <b>PVC</b> Dia. <b>5"</b>		
<b>Grey Lime</b>			<b>14</b>	<b>26</b>	Slot gauge <b>060</b> Length <b>30</b>		
<b>Grey shale</b>			<b>26</b>	<b>31</b>	Set between <b>30</b> ft. and <b>60</b> ft.		
<b>Yellow Lime</b>			<b>31</b>	<b>32</b>	_____ ft. and _____ ft.		
<b>Red shale</b>			<b>32</b>	<b>51</b>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 X 1/8</b>		
<b>Grey Lime</b>			<b>51</b>	<b>60</b>	11. Static water level: _____ mo./day/yr. <b>35</b> ft. below land surface Date <b>4-29-76</b>		
					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>89 gph</b> _____ g.p.m.		
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
					14. Well head completion: <b>CAPPED</b> _____ 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>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		
					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 DRUG Co Inc 182</b> Business name _____ License No. _____ Address <b>RT1 Holton, KS</b> Signed <b>Dale Robson</b> Date <b>4/29/76</b> Authorized representative		
18. Elevation: <b>4298'</b>		19. Remarks: <b>OWNER WILL INSTALL SLAB</b>					
Topography: <input checked="" type="checkbox"/> Hill <b>1300</b> <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 14 R 11 E  
Sec 4 SW SE SW  
1/4 1/4 1/4

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

Form WWC-5