

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

CCD

1. Location of well:		County <b>WARREN</b>	Fraction <b>SE SW SW SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>17</b>	Township number <b>T 14 S R 13</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: <b>2 N 1 3/4 W</b>			3. Owner of well: <b>Barry Jepson</b>			
Street address of well location if in city: <b>Harveyville</b>			R.R. or street: <b>RR1</b>			
			City, state, zip code: <b>Harveyville</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>8-2-77</b> Well depth <b>108</b> ft.		
				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		
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 & L.S. Rock		0	1	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 <b>PVC</b> Weight <b>2.74</b> lbs./ft. Dia. <b>3.5</b> in. to <b>108</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>258</b>		
Gray Green Shale		1	6	10. Screen: Manufacturer's name <b>PUMPED</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>080</b> Length <b>20'</b> Set between <b>88</b> ft. and <b>108</b> ft. ft. and <input type="checkbox"/> ft.		
Gray Shale		6	7	Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <b>1/2 x 1/4</b>		
Gray Limestone		7	8	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>60</b> ft. below land surface Date <b>8-2-77</b>		
Brown Limestone		8	11	12. Pumping level below land surfaces: <b>Air test</b> <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>70</b> g.p.m.		
Gray Shale		11	32	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
Gray Shaly Sandstone		32	47	14. Well head completion: <b>Top Cap</b> <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade		
Gray Sandstone		47	51	15. Well grouted? <input checked="" type="checkbox"/> YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>15</b> ft.		
Gray Shale		51	61	16. Nearest source of possible contamination: <b>Horse Pens</b> ft. <b>30</b> Direction <b>N</b> Type <b>Pens</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Gray Sandstone		70	80	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		
4 Gray Clean Sandstone		80	106			
Gray Shale		106	107			
Gray Limestone		107	108			
(Use a second sheet if needed)						
18. Elevation: <b>1191</b>		19. Remarks: <b>owner will construct cement slab around well</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 Dalg Co Inc 182</b> Business name _____ License No. _____ Address <b>Harveyville, KS</b> Signed <b>Dale Ashen</b> Date <b>8-4-77</b> Authorized representative	
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

BR = 1190

▽ = 1131