


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

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| 1. Location of well:  | County<br><b>Osage</b>                        | Fraction<br><b>SW 1/4 SE 1/4 SE 1/4</b> | Section number<br><b>13</b>   | Township number<br><b>T 15S S R 15E E/W</b> | Range number   |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: |   |   | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:  |   |  |
| 4. Locate with "X" in section below:<br>N<br>W E<br>S<br>1 Mile                                     |   |   | Sketch map:<br>  |   |  |
| 5. Type and color of material   |   |   | From  | To  | 6. Bore hole dia. <b>6 3/4</b> in. Completion date <b>2/6/79</b><br>Well depth <b>87</b> ft.   |
| Top soil  |   |   | 0   | 2   | 7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |
| Clay yellow   |   |   | 2   | 10  | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |
| Lime  |   |   | 10  | 13  | 9. Casing: Material <b>RIPS</b> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in.<br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <b>5</b> in. to <b>87</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <b>200</b>   |
| Shale grey  |   |   | 13  | 19  | 10. Screen: Manufacturer's name <b>Sunflower</b><br>Type <b>RMP</b> Dia. <b>5"</b><br>Slot/gauze <b>3/16</b> Length <b>74</b><br>Set between <b>15</b> ft. and <b>89</b> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <b>No</b> Size range of material _____   |
| Lime  |   |   | 19  | 27  | 11. Static water level: _____ mo./day/yr.<br><b>10</b> ft. below land surface Date <b>2/6/79</b>   |
| Shale grey  |   |   | 27  | 60  | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>1/3</b> _____ g.p.m.  |
| Lime hard   |   |   | 60  | 71  | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |
| Shale   |   |   | 71  | 73  | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>24</b> inches above grade   |
| Lime  |   |   | 73  | 83  | 15. Well grouted? <b>yes</b><br>With: _____ Neat cement _____ Bentonite _____ Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.  |
| Shale grey  |   |   | 83  | 87  | 16. Nearest source of possible contamination:<br>ft. <b>100+</b> Direction _____ Type <b>Septic</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| (Use a second sheet if needed)  |   |   |   |   | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |
| 18. Elevation:  | 19. Remarks:<br><b>owner to install slab.</b> |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Robison Drilling 316</b><br>Business name _____ License No. _____<br>Address <b>Peru, KS</b><br>Signed <b>Jack Robison</b> Date <b>2/17/79</b><br>Authorized representative |   |  |

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

Form WWC-5