

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 Miami | Fraction NW 1/4 NW 1/4 NE 1/4 | Section number 10 | Township number T 16S | Range number S R 25 (EW) |
| 2. Distance and direction from nearest town or city: 4 mi. NE of Louisburg, Ks. | | | 3. Owner of well: David Ryan R.R. or street: R. 2 Box 67 City, state, zip code: Louisburg, Kansas 66053 | | |
| 4. Locate with "X" in section below: | | | Sketch map: | | |
| | | | | | |
| 5. Type and color of material | | | From | To | 6. Bore hole dia. 7 3/8 Completion date 12-76 Well depth 175 ft. |
| surface | | | 0 | 1 | 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 |
| clay | | | 1 | 10 | 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 |
| lime---white | | | 10 | 14 | 9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ DRY HOLE Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____ |
| slate---black | | | 14 | 18 | 10. Screen: Manufacturer's name _____ DRY HOLE |
| lime---brown | | | 18 | 20 | Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. |
| shale---grey-green | | | 20 | 40 | Gravel pack? _____ Size range of material _____ |
| lime---lt. grey | | | 40 | 44 | 11. Static water DRY HOLE _____ mo./day/yr. _____ ft. below land surface Date _____ |
| shale---grey | | | 44 | 96 | 12. Pumping level below land surfaces: _____ ft. after DRY HOLE pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. |
| lime---grey | | | 96 | 99 | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date DRY HOLE |
| shale---grey | | | 99 | 117 | 14. Well head completion DRY HOLE <input type="checkbox"/> Pitless adapter _____ Inches above grade |
| lime---grey | | | 117 | 125 | 15. Well grouted? DRY HOLE With: _____ Neat cement DRY HOLE _____ Concrete Depth: From _____ ft. to _____ ft. |
| shale---dark | | | 125 | 127 | 16. Nearest source of possible contamination: ft. _____ DRY HOLE Type _____ Well disinfected upon completion? _____ Yes _____ No |
| lime--white (soft break @ 138') | | | 127 | 145 | 17. Pump: DRY HOLE To be 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 |
| slate | | | 145 | 148 | 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. F. E. Young Drilling Co. 240 Business name _____ License No. _____ Address 6355 Robinhood Ln. Merriam, Ks. Signed F. Young Date 2-77 Authorized representative |
| lime---soft, shaley | | | 148 | 172 | |
| slate | | | 172 | 175 | |
| DRY HOLE PLUGGED | | | | | |
| (Use a second sheet if needed) | | | | | |
| 18. Elevation: 980' | 19. Remarks: Customer is aware of state regulation and agrees to install a 4' square re-enforced concrete platform around top of well. Paul Ryan | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | | | | |

T 16S
 R 25E
 Sec 10
 NW 1/4
 NE 1/4
 SE 1/4

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

Form WWC-5