

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 <b>Miami</b>	Fraction <b>NW 1/4 NW 1/4 NE 1/4</b>	Section number <b>34</b>	Township number <b>T 16 E</b>	Range number <b>S R 25 E E/W</b>
2. Distance and direction from nearest town or city: <b>2 mi E of Louisburg</b>			Owner of well: <b>R. B. Criswell</b>			
1/4 mi W of stateline on S. side			R.R. or street: <b>5214 E. 28th K.c.mo. 64128</b>			
Street address of well location if in city:			City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:			No. <b>2</b>	
					6. Bore hole dia. <b>8"</b> in. Completion date <b>3/30/79</b> Well depth <b>100'</b> ft.	
5. Type and color of material		From	To	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		
Dirt		0	5	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		
Reek Shale		5	15	9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>6" steel</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>188/13</b> lbs./ft. Dia. <b>5 1/2</b> in. to <b>100</b> ft. depth Wall Thickness: inches or Dia. <b>6</b> in. to <b>30</b> ft. depth gage No. <b>188</b>		
Limestone		15	37	10. Screen: Manufacturer's name _____ <b>Perforated casing</b> Type _____ Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>20'</b> Set between <b>80</b> ft. and <b>90</b> ft. ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/4 to 0</b>		
37 Shale		37	39	11. Static water level: _____ mo./day/yr. <b>2'</b> ft. below land surface Date <b>4/15/79</b>		
Intermittent layers of lime and shale		39	60	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Shale		60	71	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Intermittent layers of shale and lime		71	100	14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <b>30</b> Inches above grade		
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From <b>0</b> ft. to <b>30</b> ft.		
				16. Nearest source of possible contamination: ft. <b>170'</b> Direction <b>E.</b> Type <b>Laterals</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
				17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other		
				(Use a second sheet if needed)		
18. Elevation: <b>1006</b>		19. Remarks: <b>Drilled by Gary Dick</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>Gary Dick Dullhigh 368</b> Business name _____ License No. _____ Address <b>RT 1 Bucbrer</b> Signed <b>Gary Dick</b> Date <b>4/25/79</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 16 E R 25 E W 34 NW 1/4 NE 1/4

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

Form WWC-5