

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Coffey</b>	Township name <b>Rockcreek NW 1/4</b>	Fraction <b>1/4</b>	Section number <b>31</b>	Town number <b>19</b>	Range number <b>17E</b>
Distance and direction from nearest town or city: <b>2.5 - 1 E</b>			3 Owner of well: <b>Doyle HARRIS</b>			
Street address of well location if in city: <b>from Waverly, Kansas</b>			Address: <b>RFD 1 Waverly, Ks.</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>265</b> ft. Date of completion <b>9-17-75</b> Well diameter <b>8</b> in.		
N W ——— E S 1 Mile		X 200X 1975		5 <input 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		
2 Type and color of material				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. Diam. _____ Weight <b>2.33</b> lbs./ft. <b>5</b> in. to <b>265</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer <b>Pumpco</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauge <b>.080</b> Length <b>50'</b> Set between <b>203</b> ft. and <b>253</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4"</b>		
				9 Static water level: <b>NOT MEASURED</b> _____ ft. below land surface Date _____		
				10 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>5</b> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <b>Capped</b> <input checked="" type="checkbox"/> Pitless adapter <b>24</b> <input checked="" type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.		
				14 Nearest source of possible contamination: <b>100</b> ft. <b>Well</b> Direction _____ Type <b>S. Tank</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <b>JACOZZI</b> Model number <b>2545</b> HP <b>3/4</b> Volt <b>230</b> Length of drop pipe <b>250</b> ft. capacity <b>5</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
16 Remarks: elevation				17 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>STRIDER DRG CO. INC 182</b> Business name _____ License No. _____ Address <b>RFD 1 HOLTON, KS</b> Signed <b>Don Baker</b> Date <b>9-15-75</b> Authorized representative		

19 17E 31 SE NW NW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5