

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 Marion | Fraction NW 1/4 SE 1/4 SW 1/4 | Section number 4 | Township number T 19 S R 2 E | Range number 2 |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: 4 miles north of Hillsboro | | | 3. Owner of well: Lloyd Klassen R.R. or street: R.R. # 3 City, state, zip code: Hillsboro, Kansas 67063 | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | | 6. Bore hole dia. 12 in. Completion date _____ Well depth 56 ft. 3/16/79 | |
| | | | | | 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 | |
| | | | | | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 | |
| 5. Type and color of material | | | | From | To | PLASTIC <input checked="" type="checkbox"/> Casing: Material plst Height: Above or below surface _____ Threaded _____ Welded gl Surface 1 1/2 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 8 in. to 56 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gage No. 0.322 |
| Top soil | | | | 0 | 4 | 10. Screen: Manufacturer's name Western Plastics Type PVC Dia. 8" Slot/gauze 3/32 Length 41 Set between 15 ft. and 56 ft. ft. and _____ ft. |
| Buff clay | | | | 4 | 15 | Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material 1/16 to 3/8 |
| Buff shale | | | | 15 | 30 | 11. Static water level: _____ 8' ft. below land surface Date 3/16/79 |
| Blue shale + gypsum ford rock | | | | 30 | 52 | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 165 g.p.m. |
| Gypsum rock | | | | 52 | 56 | 13. Water sample submitted: _____ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____ |
| | | | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter 16 Inches above grade |
| | | | | | | 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 0 ft. to 10 ft. |
| | | | | | | 16. Nearest source of possible contamination: _____ ft. 300' Direction West Type Corral Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | | | | | | 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 |
| (Use a second sheet if needed) | | | | | | |
| 18. Elevation: | | 19. Remarks: | | | | 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. Rader Drilling Co. 198 Business name _____ License No. _____ Address Carlton, Kansas Signed Brian P. Rader Date 4-18-79 Authorized representative |
| Topography: <input 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

T 19
 R 2
 W E
 4
 Sec
 NW SE SW