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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

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1. Location of well: County: <u>Nemaha</u>		Fraction: <u>NE 1/4 NE 1/4 SE 1/4</u>		Section number: <u>16</u>		Township number: <u>#1 T Berwick S</u>		Range number: <u>R 14 E/W</u>		
2. Distance and direction from nearest town or city: <u>3 1/2 3N</u>				3. Owner of well: <u>William Herman</u>						
Street address of well location if in city: <u>OF Sabetha</u>				R.R. or street: <u>R.R.</u>						
				City, state, zip code: <u>Sabetha, KS, 66534</u>						
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. <u>8</u> in. Completion date <u>4-6-76</u> Well depth <u>160</u> ft.				
						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				
5. Type and color of material			From		To		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			
							9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <u>PVC 6L</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>160</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>160</u> ft. depth gage No. <u>258</u>			
							<input checked="" type="checkbox"/> Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5</u> Sizing gauge <u>.060</u> Length <u>20</u> Set between <u>110</u> ft. and <u>120</u> ft. <u>160</u> ft. and <u>160</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>74x48</u>			
							11. Static water level: <u>100</u> ft. below land surface Date <u>4-6-76</u> mo./day/yr.			
							12. Pumping level below land surfaces: <u>AIR TEST</u> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>5 AT 110 FT</u> g.p.m.			
							13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
							14. Well head completion: <u>CAPPED</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade			
							15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.			
							16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>E</u> Type <u>SEPTIC TANK</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
							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			
18. Elevation: <u>1315</u>			19. Remarks: <u>OWNER WILL INSTALL SLAB</u>							
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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. <u>Stander Drilling Co Inc 182</u> Business name License No. _____ Address <u>BT1 Hutton, KS</u> Signed <u>Dale Gibson</u> Date <u>4-6-76</u> Authorized representative							

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

Form WWC-5

BR = 1302

D = 1215