

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

*SW*  
~~C8L-564-SW4~~

1. Location of well:	County <b>Douglas</b>	Fraction <del>1/4 NE 1/4 SW 1/4</del>	Section number <b>39</b>	Township number T <b>1</b> S <b>19</b> R <b>19</b> W	Range number
2. Distance and direction from nearest town or city: <b>4.5 N 1W</b>		3. Owner of well: <b>FRANCIS BUTRICK</b>		R.R. or street: <b>R.R.</b>	
Street address of well location if in city: <b>OF Highland</b>		City, state, zip code: <b>Highland, Kans 66035</b>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: well X House 200 SEPTIC ↑ N		
5. Type and color of material			From	To	6. Bore hole dia. <b>12</b> in. Completion date <b>6-13-79</b> Well depth <b>100</b> ft.
<b>TOP SOIL</b>			<b>0</b>	<b>6</b>	7. 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
<b>Clay Brown</b>			<b>6</b>	<b>70</b>	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
<b>FINE SAND, WATERBEARING</b>			<b>70</b>	<b>85</b>	9. Casing: Material <b>PVC</b> Height: <b>5</b> or below Threading <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>39</b> in. RMP <b>PVC 9L</b> Weight <b>282</b> lbs./ft. Dia. <b>5</b> in. to <b>100</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>125B</b>
<b>shale grey</b>			<b>85</b>	<b>100</b>	10. Screen: Manufacturer's name <b>DUMCO MPI</b> Type <b>PVC</b> Dia. <b>5</b> Slot gauze <b>.020</b> Length <b>30</b> Set between <b>70</b> ft. and <b>90</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>030x.060</b>
<i>soft</i>					11. Static water level: <input type="checkbox"/> mo./day/yr. <b>40</b> ft. below land surface Date <b>6-13-79</b>
<i>100 ft. on</i>					12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>30</b> g.p.m.
					13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date
					14. Well head completion: <b>CAP</b> <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>15</b> ft.
					16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>SE</b> Type <b>SEPTIC</b> Well disinfected upon completion? <input checked="" 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
(Use a second sheet if needed)					
18. Elevation: <b>945</b>	19. Remarks: <b>owner To install slab</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. Business name <b>Strader Delg Co Inc 182</b> Address <b>Rt 1 Holton, KS</b> Signed <b>Dale Ashburn</b> Date <b>6-14-79</b> Authorized representative		

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

Form WWC-5

BR = 860 Q = 905

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