

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>CHASE</b>	Fraction <b>NE 1/4 NE 1/4 NW 1/4</b>	Section number <b>15</b>	Township number T <b>22</b> S R <b>6</b> <b>EW</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
			<b>14 mile NE Burns, KS</b>			
			<b>BILL MERCER 77 R.R. #2 BURN'S KS</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>10</u> in. Completion date Well depth <u>          </u> ft. <u>11/9/78</u>	
					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	
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
white/grey limestone		0	12	9. Casing: Material <u>plastic</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <u>PVC</u> Weight <u>2.02</u> lbs./ft. Dia. <u>0.5</u> in. to <u>85</u> ft. depth Wall Thickness: inches or Dia. <u>          </u> in. to <u>          </u> ft. depth Gauge No. <u>258</u>		
brown/grey " "		12	22	10. Screen: Manufacturer's name <u>"Pumped"</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.020</u> Length <u>15'</u> Set between <u>70</u> ft. and <u>85'</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>42/14</u>		
DARK grey hard rock		22	26	11. Static water level: <u>          </u> mo./day/yr. <u>46</u> ft. below land surface Date <u>9/22/78</u>		
brown/grey limestone rock		26	30	12. Pumping level below land surfaces: <u>85</u> ft. after <u>3</u> hrs. pumping <u>5</u> g.p.m. <u>          </u> ft. after <u>          </u> hrs. pumping <u>          </u> g.p.m. Estimated maximum yield <u>5/8</u> g.p.m.		
DARK grey " "		30	40	13. Water sample submitted: <u>          </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>          </u>		
brown/grey " "		40	46	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>24</u> inches above grade		
Dark grey hard rock *		46	60	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>12</u> ft.		
brown grey rock		60	75	16. Nearest source of possible contamination: <u>Stock</u> ft. <u>50</u> Direction <u>EAST</u> Type <u>pond</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
brown grey - fracture - rusty color		75	80	17. Pump: Manufacturer's name <u>Dempster</u> Not installed Model number <u>ABS-3352P</u> <u>42</u> Volts <u>230</u> Length of drop pipe <u>85</u> ft. capacity <u>6</u> 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		
" " to dark		80	85			
Dark grey hard rock		85	95			
* traces of white shear crystal						
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>PAUL'S INC. #175</u> Business name <u>Box 26 Hessting</u> License No. <u>          </u> Address <u>Paul Dempster</u> Date <u>11/9/78</u> Signed <u>          </u> Authorized Representative		

22 - 10E 15 NE 15 NW

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

Form WWC-5