

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 WOODSON	Fraction 1/4 NW 1/4 NW 1/4	Section number 11	Township number T 25 S	Range number R 15 E
2. Distance and direction from nearest town or city: Street address of well location if in city: BLOCK 47 LOTS 5 & 6			3. Owner of well: IVA ALDERSON R.R. or street: 310 W. WASHINGTON City, state, zip code: VATES CENTER		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 7 in. Completion date 5/4/81 Well depth 50 ft.	
				7. <input checked="" type="checkbox"/> Cable tool <input 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 type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
DARK SOIL		0 3		9. Casing: Material DIPS Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 80 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200	
YELLOW CLAY		3 11		10. Screen: Manufacturer's name JESS LOWELL Type PVC Dia. 4 Slot/gauze 1/16 Length 20 Set between 25 ft. and 45 ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
GREY SHALE		11 15		11. Static water level: _____ mo./day/yr. 4 ft. below land surface Date 5/4/81	
SHELLY SAND ROCK		15 30		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 90 g.p.m.	
SOLID YELLOW SAND ROCK S.O.W.		30 40		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
GREY SHALE		40 50		14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade	
				15. Well grouted? YES With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 12 ft.	
				16. Nearest source of possible contamination: SEWER ft. 50 Direction NORTH LINE Type LINE 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	
18. Elevation:		(Use a second sheet if needed)		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. CUMMINGS WELL SERV 312 Business name _____ License No. _____ Address TORONTO KAN Signed [Signature] Date 5/7/81 Authorized representative	
19. Remarks: MRS ALDERSON IS GOING TO HAVE A PLUMBER RUN HER PUMP					

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

Form WWC-5