

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: <u>Butler</u>	Fraction: <u>SW 1/4 SE 1/4 NW 1/4</u>	Section number: <u>23</u>	Township number: <u>T 28 S R 3 E</u>	Range number: <u>3</u>
2. Distance and direction from nearest town or city: <u>5W 1/2 N</u>			3. Owner of well: <u>Gerald MC Fadden</u>		
Street address of well location if in city: <u>Augusta Kans</u>			R.R. or street: <u>R#1</u>		
			City, state, zip code: <u>Augusta Kans</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date <u>5-21-76</u>	
<div style="text-align: center;">N</div> <div style="text-align: center;">S</div>		<div style="text-align: center;">in wheat field</div> <div style="text-align: center;">WELL HOUSE</div>		Well depth <u>110</u> 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	
				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>plc</u> Height <u>above</u> or below	
				Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.	
				RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>90</u> lbs./ft.	
				Dia. <u>6</u> in. to <u>110</u> ft. depth Wall Thickness: inches or	
				Dia. <u>6</u> in. to <u>110</u> ft. depth gage No. <u>175</u>	
5. Type and color of material		From To		10. Screen: Manufacturer's name <u>g f l</u>	
Brown Clay		0 7		Type <u>RMP</u> Dia. <u>6</u>	
yellow clay		7 15		<input checked="" type="checkbox"/> Slope gauge <u>1/16</u> Length <u>20 ft</u>	
grey shale		15 24		Set between <u>90</u> ft. and <u>110</u> ft.	
grey lime		24 34		Gravel pack? <u>no</u> Size range of material _____	
yellow lime		34 48		11. Static water level: _____ mo./day/yr.	
Blue shale		48 68		<u>82</u> ft. below land surface Date <u>5-21-76</u>	
grey shale		68 84		12. Pumping level below land surfaces:	
grey lime		84 100		_____ ft. after _____ hrs. pumping _____ g.p.m.	
water		100		_____ ft. after _____ hrs. pumping _____ g.p.m.	
yellow lime		100 110		Estimated maximum yield <u>20</u> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr.	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion:	
				<input checked="" type="checkbox"/> Pitless adapter _____ 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 <u>3</u> ft. to <u>14</u> ft.	
				16. Nearest source of possible contamination:	
				ft. _____ Direction _____ Type <u>Field MHE</u>	
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed	
				Manufacturer's name <u>Goetts</u>	
				Model number <u>10E J</u> HP <u>1/2</u> Volts <u>230</u>	
				Length of drop pipe <u>100</u> ft. capacity <u>10</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	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography:		<u>owner will put on slab</u> 		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
<input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				<u>Wike well drilling 122</u> Business name _____ License No. _____ Address <u>Route 3 Augusta, Kans</u> Signed <u>W. W. Wike</u> Date <u>5-21-76</u> Authorized representative	

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

Form WWC-5