

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

| | | | | | | |
|---|--|---|--------------------------------------|---|------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> 1. Location of well: <u>Bathier</u> | | County <u>Jefferson</u> | Section <u>SW NW SW NW SW NE</u> | Section number <u>18</u> | Township number <u>T 27</u> | Range number <u>S 4</u> |
| <input checked="" type="checkbox"/> 2. Distance and direction from nearest town or city <u>9 miles N</u> | | Street address of well location if in city: <u>Augusta</u> | | 3. Owner of well: <u>Ken Lawrence</u> | R.R. or street: <u>R 2 Augusta</u> | |
| 4. Locate with "X" in section below: | | Sketch map: | | City, state, zip code: <u>66010</u> | | |
| | | | | 6. Bore hole dia. <u>8</u> in. Completion date <u>8/10/78</u> Well depth <u>20</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>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>18</u> in. RMP <u>X</u> PVC Weight <u>100</u> lbs./ft. Dia. <u>6</u> in. to <u>10</u> ft. depth Wall thickness: inches or Dia. <u>6</u> in. to <u>10</u> ft. depth gage No. <u>.195</u> | | |
| 5. Type and color of material | | From | To | 10. Screen: Manufacturer's name <u>Seaflower</u> <u>Plastics</u> Type <u>100</u> Dia. <u>6</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>1/30</u> ft. and <u>50</u> ft. <u>ft. and</u> ft. Gravel pack? <u>No</u> Size range of material _____ | | |
| | | | | 11. Static water level: <u>35</u> ft. below land surface Date <u>9/10/78</u> | | |
| | | | | 12. Pumping level below land surfaces: <u>40</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. <u>ft. after</u> hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. | | |
| | | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____ | | |
| | | | | 14. Well head completion: <u>18</u> Inches above grade <input checked="" type="checkbox"/> Pitless adapter | | |
| | | | | 15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>10</u> ft. to <u>10</u> ft. | | |
| | | | | 16. Nearest source of possible contamination: ft. <u>500</u> Direction <u>S-E</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____ | | |
| | | | | 17. Pump: <u>Transferred</u> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe <u>65</u> ft. capacity _____ g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ 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. <u>Winter Well Drill 354A</u> Business name _____ License No. _____ Address <u>P.O. Box 30 Augusta</u> Signed <u>Charles W. Winter</u> Date <u>8/15/78</u> Authorized representative _____ | | |
| 19. Remarks: | | <u>Owner to install</u> <u>Concrete Slab around</u> <u>Well</u> | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |