

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

DCC

WATER WELL RECORD
KSA 82a-1201-1215

SWSWSE

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Nemaha</u>	Township name <u>Oncida</u>	Fraction <u>SE 1/4</u>	Section number <u>17</u>	Town number <u>25</u>	Range number <u>13E</u>
Distance and direction from nearest town or city: <u>2 1/2 W,</u> Street address of well location if in city: <u>Oncida, KS</u>				3 Owner of well: <u>Elmer Lierz</u> Address: <u>RFD Oncida, Kansas</u>		
Locate with "X" in section below: N W E S 1 Mile		Sketch map: <u>300' x 50'</u>		4 Well depth: <u>110</u> ft. Date of completion <u>9-9-75</u> Well diameter <u>12</u> in.		
2 Type and color of material				5 <input type="checkbox"/> 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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. <u>5</u> in. to <u>110</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u>110</u> ft. depth		
				8 Screen: Manufacturer <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.075</u> Length <u>30</u> Set between <u>80</u> ft. and <u>110</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#3</u>		
				9 Static water level: <u>NOT MEASURED</u> ft. below land surface Date		
(use a second sheet if needed)				10 Pumping level below land surfaces: <u>Air Test</u> ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <u>5</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
				12 Well head completion: <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>24</u> <input checked="" type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>W</u> Type <u>S. Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16 Remarks: elevation <u>1260'</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.m.p. 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		
				17 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>STRADER DRILG. CO INC.</u> <u>182</u> Business name License No. Address <u>RFD 1 HOLTON KS</u> Signed <u>Wade Robison</u> Date <u>9-15-75</u> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

BR-1138 IN