

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>Montgomery</b>	Fraction <b>SW 1/4 SW 1/4 NW 1/4</b>	Section number <b>6</b>	Township number <b>T 33 S R 16 E/W</b>	Range number <b>16</b>
2. Distance and direction from nearest town or city: <b>Indep. Ks 1/2 mile south of</b>			3. Owner of well: <b>Claud and Velda Robinson</b>		
Street address of well location if in city: <b>R.R. 2 Indep. Kansas</b>			R.R. or street: <b>2</b>		
4. Locate with "X" in section below: N W X E S 1 Mile			Sketch map: 		
5. Type and color of material			6. Bore hole dia. <b>8</b> in. Completion date <b>9-16-78</b> Well depth <b>155</b> 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 <b>pvc</b> Height: Above <b>2 1/2</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>2 1/2</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3.96</b> lbs./ft. Dia. <b>6</b> in. to <b>140</b> depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>316</b>		
			10. Screen: Manufacturer's name _____ Type <b>none</b> Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
			11. Static water level: _____ mo./day/yr. <b>51</b> ft. below land surface Date <b>9-16-78</b>		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>4.5</b> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
			14. Well head completion: <b>no</b> Pitless adapter <b>24</b> inches above grade		
			15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>12</b> ft. to <b>0</b> ft.		
			16. Nearest source of possible contamination: ft. <b>60</b> Direction <b>south</b> Type <b>septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: _____ Not installed Manufacturer's name <b>Jensen</b> Model number <b>175</b> HP <b>3/4</b> Volts <b>115</b> Length of drop pipe <b>130</b> ft. capacity <b>800</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
			(Use a second sheet if needed)		
18. Elevation:  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>The pump house floor was poured 6 inches deep. It is 5' x 6'</b>			
		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. <b>charles clark 369</b> Business name License No. Address <b>R. R. 2 Indep. Ks.</b> Signed <b>Charles A. Clark</b> Date <b>9/18/78</b> Authorized representative			

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

Form WWC-5