

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

change loc
WATER WELL RECORD
KSA 82a-1201-1215
ACC DAC

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well:		County BROWN	Fraction SW 1/4 NE SE 1/4	Section number 1	Township number T 3 S	Range number R 16 E
2. Distance and direction from nearest town or city: 1 W 2 S			3. Owner of well: CHESTER PARKEY R.R. or street: OF HIAWATHA City, state, zip code: BR5 HIAWATHA, KS.			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 10 in. Completion date _____ Well depth 58 ft. 2-24-78	
					7. <input checked="" 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	
5. Type and color of material		From	To	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		
TOP SOIL		0	3	9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC 92 Weight 258 lbs./ft. 2.74 Dia. 5 in. to 58 ft. depth Wall Thickness: inches or 2.74 Dia. _____ in. to _____ ft. depth gage No. 274-258		
Clay, BROWN		3	38	10. Screen: Manufacturer's name MPI, PUMPEO Type PVC Dia. 5 <input checked="" type="checkbox"/> Slot gauze 0.30 Length 20 Set between 38 ft. and 58 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 0.30-0.60		
Sand-gravel		38	45	11. Static water level: _____ mo./day/yr. 20 ft. below land surface Date 2-24-78		
Shale, Grey		45	58	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 29 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 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. 100 Direction W Type CRACK 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: 1045		19. Remarks: OWNER TO INSTAL SIAB		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. STRADER Drilling Co 182 Business name License No. Address RT1 Holton, KS Signed Don Ashen Date 2-25-78 Authorized representative		
Topography: <input type="checkbox"/> Hill 1053 <input type="checkbox"/> Slope Rm <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

(Use a second sheet if needed)

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

Form WWC-5

BR = 1000
1008
V = 1025
1033

30
3
6
SW
1/4
1/4
1/4