

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 WASHINGTON | Fraction NE 1/4 SW 1/4 SW 1/4 | Section number 2 | Township number T 3 S R 3 E/W | Range number 3 E/W |
| 2. Distance and direction from nearest town or city: 1/2 W | | | 3. Owner of well: JOHN STIGGE JR | | | |
| Street address of well location if in city: WASHINGTON | | | R.R. or street: City, state, zip code: WASHINGTON, KANS 66968 | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | | 6. Bore hole dia. 5 in. Completion date Well depth 5 ft. 11-30-77 | |
| | | | | | 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 | |
| | | | | | 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 | |
| 5. Type and color of material | | | | | 9. Casing: Material PVC Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 3 lbs./ft. Dia. 5 in. to 40 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 1258 | |
| | | From | To | | 10. Screen: Manufacturer's name PUMPCO Type PVC Dia. 5" Slot gauze 1/16 Length 20' Set between 20 ft. and 40 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material 1/8 X 1/4 | |
| TOPSOIL | | 0 | 3 | | 11. Static water level: <input type="checkbox"/> mo./day/yr. 20 ft. below land surface Date 11-30-77 | |
| BROWN CLAY | | 3 | 10 | | 12. Pumping level below land surfaces <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after 10 hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 10 g.p.m. | |
| SANDY CLAY | | 10 | 12 | | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date | |
| GRAVEL | | 12 | 38 | | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 inches above grade | |
| BLUE SHALE | | 38 | 40 | | 15. Well grouted? <input checked="" type="checkbox"/> YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft. | |
| STOP | | 40 | | | 16. Nearest source of possible contamination: SEPTIC ft. 60 Direction EAST Type TANK 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 | |
| | | | | | 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. GEDLOXT SONS INC 258 Business name License No. _____ Address CLIFTON, KANS 66937 Signed Nancy Cox Date 11-30-77 Authorized representative | |
| 18. Elevation: 1300-14 | | 19. Remarks: | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

T-3
 R-3
 W-E
 Sec-2
 1/4
 1/4
 1/4
 A/E S/S
 1/4
 1/4
 1/4

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

Form WWC-5