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

WATER WELL RECORD
KSA 82a-1201-1215
SW SW SW BBA

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

1. Location of well:		County <u>Brown</u>	Fraction <u>NE</u> 1/4 1/4 1/4 1/4	Section number <u>20 3</u>	Township number T <u>4</u> S R	Range number R <u>17</u> <u>(E)</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <u>Robert Brook</u> R.R. or street: <u>RR #5 Hiawatha</u> City, state, zip code: <u>Watts, KS 66434</u>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>100</u> ft. <u>8-9-77</u>	
					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		
<u>Top Soil</u>		<u>0</u>	<u>3</u>	9. Casing: Material <u>PVC</u> Height <u>Above</u> or below Threaded _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC <u>Blue</u> Weight <u>5.24</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1258</u>		
<u>Brown Clay</u>		<u>3</u>	<u>45</u>	10. Screen: Manufacturer's name <u>Rumford</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>020</u> Length <u>30</u> Set between <u>50</u> ft. and <u>80</u> ft. ft. and _____ ft.		
<u>Brown Sandy Clay</u>		<u>45</u>	<u>77</u>	Gravel pack? <u>yes</u> Size range of material <u>020/040</u>		
<u>Gray Clay</u>		<u>77</u>	<u>85</u>	11. Static water level: _____ mo./day/yr. <u>45</u> ft. below land surface Date <u>8-9-77</u>		
<u>Gray Shale</u>		<u>85</u>	<u>100</u>	12. 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>4</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <u>Top up</u> _____ Pitless adapter <u>24</u> inches above grade		
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>15</u> ft.		
				16. Nearest source of possible contamination: <u>lateral</u> ft. <u>75</u> Direction <u>S</u> Type _____ 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		
		(Use a second sheet if needed)				
18. Elevation: <u>1165</u> <u>2m</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>owner will construct cement slab around well</u>		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>Strader Dely Co Inc 182</u> Business name License No. _____ Address <u>Holtown, KS</u> Signed <u>Dale Robinson</u> Date <u>8-9-77</u> Authorized representative		

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F
R
W
170
10
NE
1/4
1/4
1/4

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

Form WWC-5

BR = 1050
1080

▽ = 1090
1120