

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: <u>Washington</u>	Fraction: <u>NW 1/4 NE 1/4 SE 1/4</u>	Section number: <u>24</u>	Township number: T <u>4</u> S R	Range number: <u>2</u> EAW
2. Distance and direction from nearest town or city: <u>3 W of</u>	3. Owner of well: <u>Harvey Herra</u>		R.R. or street: <u># 1</u>		
Street address of well location if in city: <u>Linn, Ia</u>	City, state, zip code: <u>Linn, Kansas 66953</u>				
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. <u>20</u> in. Completion date _____ Well depth <u>103</u> ft. <u>9-13-77</u>		
			7. <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		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		From	To	9. Casing: Material <u>AC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>24</u> lbs./ft. Dia <u>12</u> in. to <u>103</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>34</u>	
<u>top soil + clay</u>		<u>0</u>	<u>8</u>	10. Screen: Manufacturer's name <u>Johnson</u> <u>Concrete</u> Type <u>transite</u> Dia. <u>12</u> Slot/gauze <u>1/8</u> Length <u>26</u> Set between <u>77</u> ft. and <u>103</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/8-1/4</u>	
<u>sand rock</u>		<u>8</u>	<u>83</u>	11. Static water level: <u>12-15-77</u> mo./day/yr. <u>46</u> ft. below land surface Date <u>9-13-77</u>	
<u>gray clay</u>		<u>83</u>	<u>86</u>	12. Pumping level below land surfaces: <u>100</u> ft. after <u>1</u> hrs. pumping <u>400</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>400</u> g.p.m.	
<u>sand rock</u>		<u>86</u>	<u>103</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<u>brown clay</u>		<u>103</u>	<u>105</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
<u>gray clay</u>		<u>105</u>	<u>108</u>	15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
<u>blue shale</u>		<u>108</u>	<u>120</u>	16. Nearest source of possible contamination: <u>new pond</u> ft. <u>50</u> Direction <u>NW</u> Type <u>pond</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>WLR</u> Model number <u>6M</u> HP <u>60</u> Volts _____ Length of drop pipe <u>99</u> ft. capacity <u>350-500</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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>1400'</u>	19. Remarks:		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>Geo Cox + Sons, Inc 258</u> Business name _____ License No. _____ Address <u>Clifton Kansas</u> Signed <u>Johnnie Cox</u> Date <u>12-30</u> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T-4
R-2
W-0
Sec-24
1/4 NW 1/4

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

Form WWC-5