

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

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1. Location of well: WASHINGTON		County: WASHINGTON	Fraction: S 1/2 SE 1/4 NE 1/4	Section number: 16	Township number: T 4 S R 3	Range number: 3		
2. Distance and direction from nearest town or city: 1 1/2 NORTH LINN			3. Owner of well: WILBERT SCHEEL R.R. or street: RT #1 City, state, zip code: LINN KANSAS 66953					
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. 8 in. Completion date 10/18/74 Well depth 90 ft.		
						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		
TOP SOIL			0			2		
BROWN CLAY			2			8		
SAND ROCK			8			59		
BROWN CLAY			59			85		
SAND ROCK			85			87		
BLUE CLAY			87			90		
STOP			90					
						10. Screen: Manufacturer's name .258 PUMPCO Type PVC Dia. 5" Slot gauze 1/4 Length 20' Set between 70 ft. and 90 ft. Gravel pack? YES Size range of material 5x4		
						11. Static water level: 40 ft. below land surface Date 10/18/74		
						12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after 1 1/2 hrs. pumping ____ g.p.m. Estimated maximum yield 20 g.p.m.		
						13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
						14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 Inches above grade		
						15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.		
						16. Nearest source of possible contamination: 200 ft. Direction SE Type LOTS 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: 1445'			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. Geo Cox + Sons Inc 258 Business name License No. Address Linnton Kansas Signed Geo Cox Date 10/18/74 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley								

T 4 S R 3
 Sec 16
 SE 1/4 NE 1/4

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

Form WWC-5