

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>SW 1/4 SE 1/4 NE 1/4</u>	Section number: <u>33</u>	Township number: <u>T 4</u>	Range number: <u>R 3</u>	
2. Distance and direction from nearest town or city:	<u>1 S</u>		3. Owner of well: <u>LAYERN DITMER</u>			
Street address of well location if in city:	<u>OF LINN</u>		R.R. or street: _____ City, state, zip code: <u>LINN, KS.</u>			
4. Locate with "X" in section below:	Sketch map: <u>House</u>			6. Bore hole dia. <u>8</u> in. Completion date <u>7-14-76</u> Well depth <u>90</u> ft.		
				7. 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			From	To	9. Casing: Material <u>PVC</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <u>9L</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>90</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>2129</u>	
					10. Screen: Manufacturer's name _____ <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauge <u>.020</u> Length <u>20</u> Set between <u>30</u> ft. and <u>50</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>030Y.060</u>	
<u>TOP SOIL</u>			<u>0</u>	<u>4</u>	11. Static water level: _____ mo./day/yr. <u>34</u> ft. below land surface Date <u>7-14-76</u>	
<u>SANDY CLAY</u>			<u>4</u>	<u>15</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 _____ g.p.m.	
<u>SANDY SHALE</u>			<u>15</u>	<u>34</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
<u>SAND ROCK (5 gpm)</u>			<u>34</u>	<u>35</u>	14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade	
<u>SANDY SHALE</u>			<u>35</u>	<u>90</u>	15. Well grouted? <input checked="" type="checkbox"/> 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: ft. <u>300</u> Direction <u>N</u> Type <u>DRAINAGE</u> 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. <u>STRAKER Drtg Co Inc 182</u> Business name License No. Address <u>RT 1 HOLTON, KS</u> Signed <u>Dale Fisher</u> Date <u>7-16-76</u> Authorized representative	
18. Elevation: <u>1430</u>	19. Remarks: <u>OWNER WILL INSTALL SLAB</u>					
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 4  
 R 3  
 W E  
 Sec 33  
 SW SE NE  
 1/4 1/4 1/4

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

Form WWC-5