

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>Marshall</u>	Tract <u>SW 1/4 SW 1/4 NW 1/4</u>	Section number <u>30</u>	Township number <u>T 5 S</u>	Range number <u>R 9 E</u>
2. Distance and direction from nearest town or city: <u>6 M. S. of Frankfort on 99-3 West 1/2 Southeast Side</u>		3. Owner of well: <u>Allen Raymond</u>		R.R. or street: <u>804 N 10th</u>		
Street address of well location if in city: <u>East of Reesville Street House</u>		City, state, zip code: <u>Marionville Kans</u>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9.75</u> . Completion date <u>7-1-76</u> Well depth <u>99</u> ft.		
				7. <input checked="" type="checkbox"/> Cable tool <input 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"/> Low <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. RMP Material <u>Styrene</u> Weight: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input checked="" type="checkbox"/> <u>15</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>99</u> ft. depth Wall Thickness <u>2.58</u> inches Dia. _____ in. to _____ ft. depth Gage No. _____		
Pulled old Casings out of old well Cleaned well re-Cased Well with RMP.				10. RMP Manufacturer's name <u>RMP Pumper</u> Type <u>Styrene</u> Dia. _____ Slot/gauge <u>.030</u> Length <u>40</u> Set between <u>49</u> ft. and <u>89</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4 X 10</u>		
				11. Static water level: _____ mo./day/yr. <u>50</u> ft. below land surface Date <u>7-1-76</u>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <u>NA</u> _____ Pitless adapter _____ Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>6</u> ft. to <u>18</u> ft.		
				16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>South</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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:	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>Strader Drilling Co</u> Business name <u>Blue Rapids</u> license No. _____ Address _____ Signed <u>Harold Strader</u> Date <u>7-1</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5