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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

*Had daa*

1. Location of well:		County <b>JACKSON</b>	Fraction <b>NE 1/4 NE 1/4 SE 1/4</b>	Section number <b>2</b>	Township number <b>T 6 S R 19 E</b>	Range number <b>19 E</b>
2. Distance and direction from nearest town or city: <b>3 N 2 E OF</b>			3. Owner of well: <b>Floyd Lacey SR. - RT. 1</b>			
Street address of well location if in city: <b>CIRCKVILLE</b>			R.R. or street: <b>WETMORE RFD 66550</b>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <b>10</b> in. Completion date _____ Well depth <b>108</b> ft. <b>1-9-78</b>	
				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		
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		
TOP SOIL		0	9	9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>2 1/2</b> in. RMP _____ PVC <b>92</b> Weight <b>2.82</b> lbs./ft. Dia. <b>5</b> in. to <b>108</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <b>1250</b>		
Clay, BROWN		9	45	10. Screen: Manufacturer's name <b>Pumpco MPI</b> Type <b>PVC</b> Dia. <b>5</b> <input checked="" type="checkbox"/> Gauze <b>1020</b> Length <b>10</b> Set between <b>98</b> ft. and <b>108</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>0.30x 0.60</b>		
FINE SAND, COARSE SAND		45	98	11. Static water level: _____ mo./day/yr. <b>80</b> ft. below land surface Date <b>1-9-78</b>		
Clay, blue		98	98	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
CHERT GRAVEL, COARSE SAND, med GRAVEL (WATER)		98	102	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Pea size, WATER bearing				14. Well head completion: <b>Cap - Well Seal</b> <input checked="" type="checkbox"/> Pitless adapter <b>2 1/2</b> Inches above grade		
Shale, grey		102	108	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>5</b> ft. to <b>15</b> ft.		
				16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>N</b> Type <b>lots</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
				17. Pump: _____ Not installed Manufacturer's name <b>Jacuzzi</b> Model number <b>5543</b> HP <b>1/2</b> Volt <b>230</b> Length of drop pipe <b>95</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ 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. <i>Shades Dry Co Inc 182</i> Business name _____ License No. _____ Address <b>1711 Holton, Kas.</b> Signed <i>Dale Baber</i> Date <b>1-12-78</b> Authorized representative		
18. Elevation: <b>1150</b>		19. Remarks: <b>OWNER TO INSTALL SWB</b>				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

(Use a second sheet if needed)

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

Form WWC-5

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