

50

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

ada

1. Location of well:		County Jackson	Fraction NE 1/4 SE 1/4 NE 1/4	Section number 3	Township number T 6 S R 14	Range number 14
2. Distance and direction from nearest town or city: H N I E			3. Owner of well: Larry Teggendorf RFD			
Street address of well location if in city: Circleville, Mo			R.R. or street: Circleville, Mo			
City, state, zip code: 66416						
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 10 in. Completion date 12-278		
N W E S 1 Mile				Well depth 57 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		
				9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 36 in. RMP <input type="checkbox"/> PVC Clue Weight 2124 lbs./ft. Dia. 5 in. to 57 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 1258		
5. Type and color of material		From	To	10. Screen: Manufacturer's name		
Top Soil		0	2	Pumped		
Brown Clay		2	18	Type PVC Dia. 5"		
Gray Clay		18	50	Slot/gauze 020 Length 10'		
Med. Sand to Gray & White Chert		50	57	Set between 47 ft. and 57 ft.		
Gravel Pea Size				ft. and <input type="checkbox"/> ft.		
				Gravel pack? <input checked="" type="checkbox"/> Size range of material 020/060		
				11. Static water level: <input type="checkbox"/> mo./day/yr. 40 ft. below land surface Date 12-6-78		
				12. Pumping level below land surfaces: Air Test		
				<input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.		
				<input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.		
				Estimated maximum yield 6 g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
				14. Well head completion: Top Cap		
				<input type="checkbox"/> Pitless adapter 36 inches above grade		
				15. Well grouted? Yes		
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
				Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. 100 Direction W. Type Outlet		
				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 <input type="checkbox"/> HP <input type="checkbox"/> Volts		
				Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: 1160		19. Remarks: owner to install slab.				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. STRADER OIL CO 182 Business name License No. Address RT 1 HOLTAN, MO Signed Dale Bakum Date 12-8-78 Authorized representative				

T
6
14
W
3
NE SE NE
1/4 1/4 1/4
Sec

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

Form WWC-5