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USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215
SE DAD 2m
DAA

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County Atchison		X Action NE 1/4 1/4 SE 1/4		Section number 27	Township number T 6 S R 18 E W	Range number X
X Distance and direction from nearest town or city: 1 W 1 3/4 S Street address of well location if in city: S OF EFFINGHAM			3. Owner of well: EARL CODER R.R. or street: City, state, zip code: E FFingham, Kans. 66023			
4. Locate with "X" in section below: <div style="text-align: center;"><p>1 Mile</p></div>		Sketch map: well 400' House SEPTIC		6. Bore hole dia. 12 in. Completion date _____ Well depth 200 ft. 3-5-77		
5. Type and color of material		From		To		
		TOP SOIL		0	4	
		CLAY, BROWN, BLUE		4	140	
		FINE SAND		140	190	
		COURSE SAND		190	195	
Pea GRAVEL		195	200	10. Screen: Manufacturer's name PUMPCO Type PVC Dia. 5 Sieve/gauze 0.020 Length 10 Set between 190 ft. and 200 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 0.032-0.060		
				11. Static water level: _____ mo./day/yr. 80 ft. below land surface Date 3-5-77		
				12. Pumping level below land surfaces: AIR TEST _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 100 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: CAP _____ Pitless adapter 24 Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 15 ft.		
				16. Nearest source of possible contamination: ft. 400 Direction S Type SEPTIC 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: _____ _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____		
18. Elevation: 1073 Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: Owner TO INSTALL slab		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. STRASBERG CO. INC 192 Business name _____ License No. _____ Address R R #1 HOLTON, KS Signed John Johnson Date 3-7-77 Authorized representative		

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

Form WWC-5

SR 873 $\frac{V}{=}$ = 993