

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

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JSD

BBB

1. Location of well:	County <u>Atchison</u>	Fraction <u>NW 1/4 SW 1/4 NW 1/4</u>	Section number <u>7</u>	Township number <u>T 6 S</u>	Range number <u>R 19 E</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>1 1/4 N - 3 E</u> <u>Effingham</u>		3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: Road Laterals R/150' → X well Drainage Bran		
5. Type and color of material			6. Bore hole dia. <u>10</u> in. Completion date <u>4-13-77</u> Well depth <u>100</u> ft.		
			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		
			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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			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>Blue</u> Weight <u>2.74</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>100</u> ft. depth gage No. <u>258</u>		
			10. Screen: Manufacturer's name <u>Pumco</u> Type <u>Pvc</u> Dia. <u>5 1/2</u> Slot/gauze <u>020</u> Length <u>10</u> Set between <u>75</u> ft. and <u>85</u> ft. ft. and <u>95</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>10-20</u>		
			11. Static water level: <u>50</u> ft. below land surface Date <u>4-13-77</u> mo./day/yr.		
			12. Pumping level below land surfaces: <u>Alt. Test</u> ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m. ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m. Estimated maximum yield <u>9</u> g.p.m.		
			13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>4-13-77</u> mo./day/yr.		
			14. Well head completion: <u>Cap Top</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade		
			15. Well grouted? <u>yes</u> 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>150</u> Direction <u>NW</u> Type <u>Laterals</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		
18. Elevation: <u>1090</u> Topography <u>Rm</u> <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks: <u>Owner will pour cement</u> <u>slab around well,</u>		
			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>STANLEY DRUG CO INC</u> <u>182</u> Business name License No. Address <u>RT 1 Holton, KS</u> Signed <u>Dale Ashum</u> Date <u>4-15-77</u> Authorized representative		

(Use a second sheet if needed)

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

Form WWC-5

M1-1023