

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

CAB

1. Location of well:		County <u>Atchison</u>	Fraction <u>NW 1/4 NE 1/4 SW 1/4</u>	Section number <u>32</u>	Township number <u>T 6 S R 19</u>	Range number <u>OW</u>
2. Distance and direction from nearest town or city: <u>4 1/2 N 1/4 E</u>		3. Owner of well: <u>Kenneth Wallingford SR</u>		Street address of well location if in city: <u>Nortonville</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date <u>4-15-77</u>		
				Well depth <u>95</u> ft.		
5. Type and color of material		From		To		7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
<u>Top Soil</u>		<u>0</u>		<u>2</u>		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
<u>Gray Clay</u>		<u>2</u>		<u>5</u>		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry
<u>yellow Clay (sandy)</u>		<u>5</u>		<u>52</u>		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock
<u>Gray Clay</u>		<u>52</u>		<u>62</u>		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<u>Gray Fine Sand to Fine Gravel</u>		<u>62</u>		<u>71</u>		9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below
<u>Gray Clay</u>		<u>71</u>		<u>95</u>		Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in.
						RMP <input type="checkbox"/> PV <u>Blue</u> Weight <u>2.75</u> lbs./ft.
						Dia. <u>5</u> in. to <u>95</u> ft. depth Wall Thickness: inches or
						Dia. <u>5</u> in. to <u>95</u> ft. depth gage No. <u>252</u>
						10. Screen: Manufacturer's name <u>Pumped</u>
						Type <u>PVC</u> Dia. <u>5</u> in.
						Slot/gauze <u>020</u> Length <u>20</u>
						Set between <u>60</u> ft. and <u>80</u> ft.
						Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>020/070</u>
						11. Static water level: <u>10</u> ft. below land surface Date <u>4-15-77</u>
						12. Pumping level below land surfaces: <u>Air Test</u>
						<u>10</u> ft. after <u>5</u> hrs. pumping <u>10</u> g.p.m.
						Estimated maximum yield <u>10</u> g.p.m.
						13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No Date
						14. Well head completion: <u>Cap Top</u>
						<u>24</u> 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: <u>cattle</u>
						ft. <u>200</u> Direction <u>SW</u> Type <u>Lot</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>1104</u> RM		19. Remarks: <u>owner will install cement</u>		20. Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill		<u>Slab around well</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Slope				<u>STRAIDER DRUG Co Inc</u> <u>182</u>		
<input type="checkbox"/> Upland				Business name License No.		
<input type="checkbox"/> Valley				Address <u>RT1 HOLTEN, KS</u>		
				Signed <u>Dale Kishner</u> Date <u>5-3-77</u>		
				Authorized representative		

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

Form WWC-5