

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

1. Location of well: County <u>Riley</u> Fraction <u>Nw 1/4 Nw 1/4 Nw 1/4</u> Section number <u>33</u> Township number <u>T 6 S R 6 E</u> Range number <u>6 E</u>	
2. Distance and direction from nearest town or city: <u>4 N 3/4 W 3/4 N of Randolph</u>	
3. Owner of well: <u>Miss Earl Hagenmire</u> R.R. or street: <u>1</u> City, state, zip code: <u>Randolph Ks.</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> </div> <div> <p>Sketch map: <u>BBB</u></p> </div> </div>	
6. Bore hole dia. <u>8</u> in. Completion date <u>6-12-76</u> Well depth <u>60</u> ft.	
7. <input checked="" type="checkbox"/> Cable tool <input 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 <u>Plst</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>30</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>60</u> ft. depth gage No. <u>280</u>	
5. Type and color of material	
	From To
<u>Dirt Black</u>	<u>0 5</u>
<u>Clay Brown</u>	<u>5 20</u>
<u>Creek Gravel</u>	<u>20 30</u>
<u>Clay Blue</u>	<u>30 35</u>
<u>Lime Rock White</u>	<u>35 40</u>
<u>" " "</u>	<u>40 45</u>
<u>Shale Blue</u>	<u>45 50</u>
<u>Lime Rock White</u>	<u>50 55</u>
<u>Shale Blue</u>	<u>55 60</u>
(Use a second sheet if needed)	
11. Static water level: <u>20</u> ft. below land surface Date <u>6-12-76</u> mo./day/yr.	
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.	
13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</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>4</u> ft. to <u>14</u> ft.	
16. Nearest source of possible contamination: ft. <u>75</u> Direction <u>N</u> Type <u>septic tank</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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <u>Cement slab to be found by customer</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>Hapco Drilling Service / 76 A</u> Business name _____ License No. _____ Address <u>Blue Rapids Ks</u> Signed <u>C. E. Hagenmire</u> Date <u>6-12-76</u> Authorized representative	

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

Form WWC-5