

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

WATER WELL RECORD *Jc 2*  
KSA 82a-1201-1215

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

County <u>Jefferson</u>		Fraction <u>SE 1/4 Sec 1/4</u>		Section number <u>30</u>		Township number <u>T 7 S</u>		Range number <u>R 17 E/W</u>																																								
1. Location of well:				2. Distance and direction from nearest town or city: <u>4 S. Larkinsburg</u>																																												
Street address of well location if in city:				3. Owner of well: <u>Clinton Smith Jr.</u> R.R. or street: <u>RR 2 Holton, KS</u> City, state, zip code: <u>66436</u>																																												
4. Locate with "X" in section below:				Sketch map:																																												
				6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>60</u> ft. <u>6-15-76</u>																																												
5. Type and color of material				7. <input checked="" 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																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>Top Soil</u></td> <td><u>0</u></td> <td><u>4</u></td> </tr> <tr> <td><u>Gray Clay</u></td> <td><u>4</u></td> <td><u>13</u></td> </tr> <tr> <td><u>Yell. Clay w/ Fine Sand</u></td> <td><u>13</u></td> <td><u>19</u></td> </tr> <tr> <td><u>WATER</u></td> <td></td> <td></td> </tr> <tr> <td><u>Br. Fine Cement Sand</u></td> <td><u>19</u></td> <td><u>22</u></td> </tr> <tr> <td><u>Yell. Sandy Clay w/ med. Grav.</u></td> <td><u>22</u></td> <td><u>26</u></td> </tr> <tr> <td><u>Gray Clay</u></td> <td><u>26</u></td> <td><u>27</u></td> </tr> <tr> <td><u>Br. Sand Stone</u></td> <td><u>27</u></td> <td><u>29</u></td> </tr> <tr> <td><u>Gray Clay</u></td> <td><u>29</u></td> <td><u>34</u></td> </tr> <tr> <td><u>Drk. Gray Clay</u></td> <td><u>34</u></td> <td><u>45</u></td> </tr> <tr> <td><u>Blk. Shale</u></td> <td><u>45</u></td> <td><u>47</u></td> </tr> <tr> <td><u>Gray Shale</u></td> <td><u>47</u></td> <td><u>60</u></td> </tr> </tbody> </table>					From	To	<u>Top Soil</u>	<u>0</u>	<u>4</u>	<u>Gray Clay</u>	<u>4</u>	<u>13</u>	<u>Yell. Clay w/ Fine Sand</u>	<u>13</u>	<u>19</u>	<u>WATER</u>			<u>Br. Fine Cement Sand</u>	<u>19</u>	<u>22</u>	<u>Yell. Sandy Clay w/ med. Grav.</u>	<u>22</u>	<u>26</u>	<u>Gray Clay</u>	<u>26</u>	<u>27</u>	<u>Br. Sand Stone</u>	<u>27</u>	<u>29</u>	<u>Gray Clay</u>	<u>29</u>	<u>34</u>	<u>Drk. Gray Clay</u>	<u>34</u>	<u>45</u>	<u>Blk. Shale</u>	<u>45</u>	<u>47</u>	<u>Gray Shale</u>	<u>47</u>	<u>60</u>	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					
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				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 <u>PVC Blue</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No: <u>274</u>																																												
				10. Screen: Manufacturer's name <u>Pumps</u> Type <u>PVC</u> Dia. <u>5</u> Slot gauge <u>.020</u> Length <u>20</u> Set between <u>11</u> ft. and <u>31</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>030 X 010</u>																																												
				11. Static water level: <u>6-15-76</u> mo./day/yr. <u>10</u> ft. below land surface Date _____																																												
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>4</u> g.p.m.																																												
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																												
				14. Well head completion: <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade																																												
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.																																												
				16. Nearest source of possible contamination: <u>NA, Lot</u> <u>200'</u> ft. Direction <u>SW</u> Type _____ 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>1010</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				19. Remarks: <u>I will put cement slab around the well</u> <u>Clinton Smith Jr</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>STRAIDER DRUG CO INC 182</u> Business name _____ License No. _____ Address <u>RT1 Holton, KS</u> Signed <u>Dale Ashmoe</u> Date <u>6-17</u> Authorized representative																																												

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

Form WWC-5

MI-1023