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VIBRT

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
Water Well Contractors
Forbes-Bldg. 740
Topeka, Kansas 66620

CDD
SE 1/4 SE 1/4 - SW 1/4

1 Location of well:	County Atchison	Township name Atchison	Fraction SW 1/4	Section number 7	Town number 7 E	Range number 18 E
Distance and direction from nearest town or city: 5 S 2 3/4 W			3 Owner of well: Michael C. Kelly			
Street address of well location if in city: OFFEFFINGHAM			Address: EFFINGHAM, KS 666023			
Locate with "X" in section below: N		Sketch map:		4 Well depth: 80 ft. Date of completion _____ Well diameter 12 in. 9-11-79		
				5 <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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material PVC Height: 5 above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 5 in. Diam. 10 in. to 80 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 282 lbs./ft. 258		
2 Type and color of material		From	To	8 Screen: Manufacturer Pumpco Type PVC Dia. 5 Slot/gauze .020 Length 15 Set between 40 ft. and 65 ft. Fittings: .030x.060 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
TOP SOIL		0	5	9 Static water level: 40 ft. below land surface Date 9-11-79		
Clay, brown		5	40	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 30 g.p.m.		
FINE SAND, WATER BEARING		40	50	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Clay, blue		50	65	12 Well head completion: CAP <input type="checkbox"/> Pitless adapter 24 <input type="checkbox"/> Inches above grade		
Shale, grey		65	80	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: ft. 300 Direction W Type DRAINAGE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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		
16 Remarks: elevation 1052 Topography: owner TO INSTALL slab <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				17 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. STRADER DRIG Co Inc 182 Business name License No. Address Holtan, KS Signed Dale Askin Date 9-13-79 Authorized representative		

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Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

BR = 487

? = 1012

✓ PDR