

45

2-2-77 R. 1200 ✓ BRT

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

East well (#1)

ada WATER WELL RECORD KSA 82a-1201-1215 NE 32 7

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

1. Location of well: County <u>JEFFERSON</u>		Fraction <u>SE NE NE</u>		Section number <u>32</u>		Township number <u>7</u>		Range number <u>19</u>			
2. Distance and direction from nearest town or city: <u>.5 E 1.5 S</u>				3. Owner of well: <u>JEFF. CO. RWD #12</u>							
Street address of well location if in city: <u>.5 E OF NORTONVILLE</u>				R.R. or street: _____							
				City, state, zip code: <u>NORTONVILLE MO 66060</u>							
4. Locate with "X" in section below:				Sketch map: <u>DRAINAGE PITCH</u>				6. Bore hole dia. <u>10</u> in. Completion date _____			
								Well depth <u>125</u> ft. <u>2-20-76</u>			
								7. 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 type="checkbox"/> Domestic <input checked="" 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>Steel</u> Height: <u>Above</u> or below			
								Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>29</u> in.			
								RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>40.48</u> lbs./ft.			
								Dia. <u>10</u> in. to <u>105</u> ft. depth <input checked="" type="checkbox"/> Wall Thickness: inches or			
								Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth <input type="checkbox"/> gage No. <u>365</u>			
5. Type and color of material				From		To		10. Screen: Manufacturer's name _____			
								<u>Johnson</u>			
<u>TOP SOIL</u>				<u>0</u>		<u>4</u>		Type <u>STAINLESS STEEL</u>			
<u>yellow clay</u>				<u>4</u>		<u>76</u>		Dia/gauze <u>20</u> Length <u>16</u>			
<u>WATER BEARING FINE SAND</u>				<u>76</u>		<u>80</u>		Set between <u>89</u> ft. and <u>105</u> ft.			
<u>COURSE SAND</u>				<u>80</u>		<u>85</u>		Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 1/8</u>			
<u>COURSE SAND-MEDIUM GRAVEL-SEA GRAVEL</u>				<u>85</u>		<u>105</u>		11. Static water level: _____ mo./day/yr.			
<u>Blue clay</u>				<u>105</u>		<u>120</u>		<u>85</u> ft. below land surface Date <u>2-20-76</u>			
<u>FINE SAND</u>				<u>120</u>		<u>123</u>		12. Pumping level below land surfaces:			
<u>LIME STONE</u>				<u>123</u>				____ ft. after ____ hrs. pumping ____ g.p.m.			
								____ ft. after ____ hrs. pumping ____ g.p.m.			
								Estimated maximum yield <u>400</u> g.p.m.			
								13. Water sample submitted: _____ mo./day/yr.			
								<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>2-29-76</u>			
								14. Well head completion:			
								<input checked="" type="checkbox"/> Pitless adapter <u>29</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>40</u> ft.			
								16. Nearest source of possible contamination:			
								ft. <u>1,000</u> Direction <u>N</u> Type <u>DRAINAGE</u>			
								Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
								17. Pump: _____ Not installed			
								Manufacturer's name <u>JACOZZI</u>			
								Model number <u>205608-7A</u> <u>50</u> Volts <u>460</u>			
								Length of drop pipe <u>100</u> ft. capacity <u>300</u> g.p.m.			
								Type:			
								<input checked="" 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>1130</u>				19. Remarks: <u>6x6x6 SLAB INSTALLED</u>				20. Water well contractor's certification:			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
								<u>Strader Dalg G. Inc</u> <u>182</u>			
								Business name _____ License No. _____			
								Address <u>RT1 HAITON KS</u>			
								Signed <u>Walter Graham</u> Date <u>2-20-76</u>			
								Authorized representative			

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

Form WWC-5

BR elev = 1007