

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

WATER WELL RECORD
KSA 82a-1201-1215

Job # 8
11-12-76

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>SW 1/4 SW 1/4 SW 1/4</u>		Section number <u>21</u>		Township number <u>T 7 S</u>		Range number <u>R 6 - EW</u>	
2. Distance and direction from nearest town or city: <u>1/2 S 1/2 W of Randolph KS</u>				3. Owner of well: <u>City of Randolph KS.</u>					
Street address of well location if in city:				R.R. or street:					
City, state, zip code: <u>66554</u>									
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <u>12</u> in. Completion date <u>12-1-76</u>			
						Well depth <u>74</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 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>Plst</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>Clay</u> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>8</u> in. to <u>74</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>3140</u>			
5. Type and color of material				From		To		10. Screen: Manufacturer's name <u>Slot By Driller</u>	
<u>Dirt Black</u>				<u>0</u>		<u>5'</u>		Type <u>P.K.C.</u> Dia. <u>8"</u>	
<u>Clay Brown</u>				<u>5</u>		<u>22</u>		Slot/gauze <u>1/6 1/4"</u> Length <u>90'</u>	
<u>Creek Gravel</u>				<u>22</u>		<u>25</u>		Set between <u>1/6 1/4</u> ft. and <u>1/4</u> ft.	
<u>Lime Rock yellow</u>				<u>25</u>		<u>35</u>		Gravel pack? <u>yes</u> Size range of material <u>1/4 to 3/4"</u>	
<u>Clay Blue</u>				<u>35</u>		<u>47</u>		11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>12-1-76</u>	
<u>Lime Rock White</u>				<u>47</u>		<u>50</u>		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.	
<u>Clay Blue</u>				<u>50</u>		<u>55</u>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<u>Lime Rock White</u>				<u>55</u>		<u>65</u>		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
<u>Shale Blue</u>				<u>65</u>		<u>74</u>		15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>6</u> ft. to <u>15</u> ft.	
								16. Nearest source of possible contamination ft. <u>See</u> Direction <u>S.E.</u> Type <u>Creek</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	
								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>Wayne Wilgerson, 176</u> Business name _____ License No. _____ Address <u>Blue Rapids, KS.</u> Signed <u>Wayne Wilgerson</u> Date <u>12-1-76</u> Authorized Representative	
18. Elevation:		19. Remarks: <u>Concret. Slab To Be Poured By City - 7'-Square or Round-well Tested By City</u>							
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

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

Form WWC-5