

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>Pottawatomie</u> Fraction <u>SW 1/4 SW 1/4 SW 1/4</u> Section number <u>18</u> Township number <u>T 8 S S R 10 E</u> Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>Westmorland 1 mi S.E. - 2 1/2 E & 2 South</u> 3. Owner of well: <u>Wayne Chade</u> Street address of well location if in city: R.R. or street: <u>RR</u> City, state, zip code: <u>Westmorland 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> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
<u>top Soil Black</u>	<u>0 10</u>
<u>Shale, Blue</u>	<u>10 26</u>
<u>Arizona</u>	<u>26 45</u>
<u>limestone (water)</u>	<u>45 47</u>
<u>Shale, Blue</u>	<u>47 85</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks:
6. Bore hole dia. <u>4</u> in. Completion date <u>10-25-78</u> Well depth <u>85</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>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>85</u> ft. depth Wall Thickness: <u>1/2</u> in. or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>267</u>	
10. Screen: Manufacturer's name <u>M.P.I.</u> Type <u>P.V.C.</u> Dia. <u>5</u> Slot/auge <u>.040</u> Length <u>40</u> Set between <u>45</u> ft. and <u>85</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4X 1/4</u>	
11. Static water level: <u>40</u> ft. below land surface Date <u>10-25-78</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 <u>5</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>NA</u> <input checked="" type="checkbox"/> Pitless adapter ____ inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> <u>1-2</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>16</u> ft. to <u>6</u> ft.	
16. Nearest source of possible contamination: <u>75</u> ft. Direction <u>east</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>Strader Drilling, 237</u> Business name <u>Blue Rapids</u> License No. _____ Address <u>Harold Strader</u> Date <u>10-25-78</u> Signed _____ Authorized representative	

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

Form WWC-5