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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: <b>JACKSON</b>		Fraction: <b>NW 1/4 NW 1/4 NE 1/4</b>		Section number: <b>36</b>	Township number: <b>T 8</b>	Range number: <b>R 12</b>
2. Distance and direction from nearest town or city: <b>1.5 E .7 N</b>			3. Owner of well: <b>Ed Vandervele</b>			
Street address of well location if in city: <b>EMMETT</b>			R.R. or street: <b>RRT EMMETT, KS. 66422</b>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: Creek 100' X well		6. Bore hole dia. <b>12</b> in. Completion date: <b>10-5-78</b> Well depth <b>20</b> ft.	
5. Type and color of material			From	To	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	
TOP SOIL			0	3	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	
Clay, BROWN			3	13	9. Casing: Material <b>PVC</b> Height: <b>above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>36</b> in. RMP <input type="checkbox"/> PVC <b>92</b> Weight <b>258</b> lbs./ft. Dia. <b>5</b> in. to <b>20</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1279</b>	
. chert gravel, course			13	19	10. Screen: Manufacturer's name <b>PUMPCO MPF</b> Type <b>PVC</b> Dia. <b>5</b> <input checked="" type="checkbox"/> Slotted gauze <b>.020</b> Length <b>10</b> Set between <b>10</b> ft. and <b>20</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>10-30x100</b>	
Clay, Blue			19	20	11. Static water level: <b>10</b> ft. below land surface Date <b>10-5-78</b> mo./day/yr.	
					12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>5</b> g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
					14. Well head completion: <b>CAP</b> <input type="checkbox"/> Pitless adapter <b>29</b> 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 <b>0</b> ft. to <b>9</b> ft. *Note!	
					16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>N</b> Type <b>Creek</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: <b>1017</b>			19. Remarks: <b>OWNER TO INSTALL SLAB</b> <b>*NOTE - SHALLOW WATER</b> <b>SCREEN - 10-20'</b>		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. <b>Strader Dril Co. 182</b> Business name License No. <input type="checkbox"/> Address <b>RTI Holton, KS.</b> Signed <b>Dale Astrom</b> Date <b>10-6-78</b> Authorized representative	

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

Form WWC-5

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