

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>POTTAWATOMIE JACKSON</b>	Fraction <b>NW 1/4 SW 1/4 SE 1/4</b>	Section number <b>27</b>	Township number <b>T 8 ③</b>	Range number <b>R 12 ②W</b>
2. Distance and direction from nearest town or city: <b>1 N of</b>			3. Owner of well: <b>JOE Kennedy</b>		
Street address of well location if in city: <b>EMMETT</b>			R.R. or street: <b>R.R.</b>		
			City, state, zip code: <b>EMMETT, KS. 66922</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>12</b> in. Completion date _____ Well depth <b>50</b> ft. <b>6-9-79</b>	
				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	
5. Type and color of material		From	To	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	
<b>TOP SOIL</b>		<b>0</b>	<b>6</b>	9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>29</b> in. RMP <input type="checkbox"/> PVC <b>96</b> Weight <b>2.82</b> lbs./ft. Dia. <b>5</b> in. to <b>50</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>358</b>	
<b>Clay, brown</b>		<b>6</b>	<b>28</b>	10. Screen: Manufacturer's name <b>Pumpco MRE</b> Type <b>PVC</b> Dia. <b>5</b> <b>Slotted</b> gauze <b>.020</b> Length <b>20</b> Set between <b>25</b> ft. and <b>75</b> ft. ft. and _____ ft.	
<b>Five sand, coarse sand, gravel (water bearing)</b>		<b>28</b>	<b>30</b>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1030x.060</b>	
<b>shale, grey</b>		<b>30</b>	<b>50</b>	11. Static water level: _____ mo./day/yr. <b>23</b> ft. below land surface Date <b>6-9-79</b>	
				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.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				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>5</b> ft. to <b>25</b> ft.	
				16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>E</b> Type <b>SEPTIC</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 _____ 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	
		(Use a second sheet if needed)		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 DRIG CO INC 182</b> Business name _____ License No. _____ Address <b>RT1 Holton KS</b> Signed <b>Dale Askew</b> Date <b>6-6-79</b> Authorized representative	
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	<b>OWNER TO INSTALL SLAB</b>				

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

Form WWC-5