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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>NE 1/4 SE 1/4 SE 1/4</b>	Section number <b>18</b>	Township number T <b>8</b> S R <b>13</b> <b>EW</b>	Range number
2. Distance and direction from nearest town or city: <b>3 1/2 E 3 N</b>			3. Owner of well: <b>Clem Sikora</b>			
Street address of well location if in city: <b>Emmett</b>			R.R. or street: <b>305 Dukink</b>			
			City, state, zip code: <b>St Marys, KS 66536</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>10</b> in. Completion date _____		
				Well depth <b>60</b> ft. <b>11-29-77</b>		
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
<b>Black silt</b>		<b>0</b>	<b>9</b>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
<b>Dirty Silty Gravel</b>		<b>9</b>	<b>19</b>	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
<b>Gray Clay</b>		<b>19</b>	<b>21</b>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		
<b>Gray Sandstone</b>		<b>21</b>	<b>33</b>	<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<b>Gray Shale &amp; Limestone</b>		<b>33</b>	<b>60</b>	9. Casing: Material <b>PVC</b> Height <b>Above</b> or below		
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in.		
				RMP <input type="checkbox"/> PVC <b>Blue</b> Weight <b>2.74</b> lbs./ft.		
				Dia. <b>2</b> in. to <b>60</b> ft. depth Wall Thickness: inches or		
				Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1258</b>		
				10. Screen: Manufacturer's name _____		
				Type <b>Pumped</b> Dia. <b>5"</b>		
				Slot/gauze <b>020</b> Length <b>20</b>		
				Set between <b>15</b> ft. and <b>35</b> ft.		
				Gravel pack? <b>yes</b> Size range of material: <b>030</b>		
				11. Static water level: _____ mo./day/yr.		
				<b>14</b> ft. below land surface Date <b>11-29-77</b>		
				12. Pumping level below land surfaces: <b>Air test</b>		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield <b>10</b> 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>Top cap</b>		
				<input type="checkbox"/> Pitless adapter <b>24</b> inches above grade		
				15. Well grouted? <b>yes</b>		
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
				Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: <b>Note 19</b>		
				ft. _____ Direction _____ Type _____		
				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		
18. Elevation: <b>~4100</b>		19. Remarks: <b>Owner to pour slab</b>		20. Water well contractor's certification:		
Topography: <b>Valley</b>		<b>16. well located in pasture</b>		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>RT 1 Holton, KS</b>		
				Signed <b>Dale Ashburn</b> Date <b>12-1-77</b>		
				Authorized representative		

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

Form WWC-5

BR=1074 V=1058

8-23-0-18 N5E5E 1/4 1/4 1/4