

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

ccc

1. Location of well:		County Jefferson	Fraction SE 1/4 SW 1/4 SW 1/4	Section number 31	Township number T 8 S R 18	Range number 18
2. Distance and direction from nearest town or city: 2 South			3. Owner of well: Dean McConnell			
Street address of well location if in city: Valley Falls			R.R. or street: R.R.			
			City, state, zip code: Valley Falls			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date 5-5-78 Well depth 39 ft. 10" to 23 / 8" to 39		
				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		
				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 PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP: PVC Blue Weight 2.74 lbs./ft. Dia 5 in. to 39 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. AST		
5. Type and color of material		From	To	10. Screen: Manufacturer's name Pumped		
Top Soil		0	1	Type PVC Dia. 5" Slot gauge: 020 Length 10' Set between 15 ft. and 25 ft. ft. and <input type="checkbox"/> ft.		
Brown Sandy Clay		1	10	Gravel pack? <input checked="" type="checkbox"/> Size range of material 030/060		
Yellow med Gravel & Boulders		10	23	11. Static water level: <input type="checkbox"/> mo./day/yr. 11 ft. below land surface Date 5-5-78		
Gray limestone		23	24	12. Pumping level below land surfaces: Air Test <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 20 g.p.m.		
Gray Shale		24	36	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
Gray limestone		36	38	14. Well head completion: Top Cap <input type="checkbox"/> Pitless adapter 24 inches above grade		
Gray Shale		38	40	15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: Pond ft. 200 Direction East Type Water 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		
				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. STRADER DELQ CO INC. 182 Business name License No. Address RTI HOLTON, KS Signed Dale Baker Date 5-8-78 Authorized representative		
18. Elevation: 92		19. Remarks: owner to install slab				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 8 S R 18 Sec 31 SW 1/4 SW 1/4 SW

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

Form WWC-5

BR-911-1215