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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

CCB

1. Location of well:		County <u>JEFFERSON</u>	Fraction <u>NW SW 1/4 SW 1/4 SW 1/4</u>	Section number <u>9 10</u>	Township number <u>T 9</u>	Range number <u>(S) R 18 (EW)</u>
2. Distance and direction from nearest town or city: <u>2 E 1 N</u> Street address of well location if in city: <u>OF VALLEY FALLS</u>			3. Owner of well: <u>Charles Toy</u> R.R. or street: <u>RR</u> City, state, zip code: <u>Valley Falls, Kans. 66688</u>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 			6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>100</u> ft. <u>4-22-78</u>
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 <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>2 1/2</u> in. RMP <input type="checkbox"/> PVC <u>96</u> Weight <u>2.58</u> lbs./ft. <u>274280</u> Dia. <u>5</u> in. <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>274</u> <u>258.258</u>	
					10. Screen: Manufacturer's name _____ <u>Pumpco, MPE</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>1/20</u> Length <u>20</u> Set between <u>60</u> ft. and <u>90</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>10/30, 1/20</u>	
					11. Static water level: _____ mo./day/yr. <u>45</u> ft. below land surface Date <u>4-22-78</u>	
					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. <u>69</u>	
					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
					14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>24</u> 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 <u>0</u> ft. to <u>10</u> ft.	
					16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>S</u> Type <u>Septic</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	
18. Elevation: <u>1065</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks: <u>OWNER TO INSTALL SLAB</u>			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 Drig. Co 182</u> Business name License No. _____ Address <u>RT 1 Holton, KS</u> Signed <u>Dale Carson</u> Date <u>4-24-78</u> Authorized representative

T 9 R 18 S 1/4 E 1/4 Sec 9

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

Form WWC-5

BR elev = < 965