

ck-19

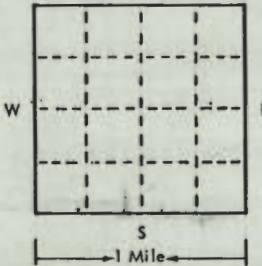
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620.

1 Location of well:	County <u>Leavenworth</u>	Township name	Fraction <u>NW 1/4</u>	Section number <u>36</u>	Town number <u>8</u>	Range number <u>22</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>Leavenworth County</u>		
Street address of well location if in city:				Address:		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>140</u> ft. Date of completion <u>1-22-75</u> Well diameter _____ in.		
N 		<u>in Leavenworth</u>		5 <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		
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth:		
2		Type and color of material		From	To	8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
		<u>Cement</u>		<u>0</u>	<u>1</u>	9 Static water level: _____ ft. below land surface Date _____
		<u>clay - yellow</u>		<u>1</u>	<u>26</u>	
		<u>Gravel - sharp</u>		<u>26</u>	<u>29</u>	10 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>grit - blue - rosen</u>		<u>29</u>	<u>30</u>	
		<u>lime</u>		<u>30</u>	<u>36</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
		<u>shale</u>		<u>36</u>	<u>37</u>	
		<u>lime - hard</u>		<u>37</u>	<u>46</u>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
		<u>pale - dark</u>		<u>46</u>	<u>50</u>	
		<u>lime - hard</u>		<u>50</u>	<u>52</u>	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.
		<u>shale - sandy</u>		<u>52</u>	<u>76</u>	
		<u>lime</u>		<u>76</u>	<u>91</u>	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<u>shale - sandy</u>		<u>91</u>	<u>100</u>	
		<u>lime</u>		<u>100</u>	<u>101</u>	15 Pump: <input 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
		<u>lime</u>		<u>101</u>	<u>119</u>	
		<u>lime - hard</u>		<u>119</u>	<u>128</u>	16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley
		<u>lime - hard</u> (use a second sheet if needed)		<u>128</u>	<u>140</u>	
16 Remarks: elevation				17 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>BREUER DRILLING</u> Business name _____ License No. _____ Address <u>1106 N. 155</u> <u>174</u> Signed _____ Date <u>1-22-75</u> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5