

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

WATER WELL RECORD  
KSA 820-1201-1215

Kansas Department of Health and Environment  
Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well: County <b>Riley</b>		Fraction <b>SE 1/4 SE 1/4 NE 1/4</b>	Section number <b>3</b>	Township number <b>T 8 S R 5 E/W</b>	Range number <b>5</b>	
2. Distance and direction from nearest town or city: <b>1/2 - E - 1 1/2 N. of Leonardville Kans</b>			3. Owner of well: <b>Robert Berggren</b> R.R. or street: City, state, zip code: <b>Leonardville Kans.</b>			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <b>ADD</b>		6. Bore hole dia. <b>12</b> in. Completion date <b>7-22-77</b> Well depth <b>94</b> ft.		
5. Type and color of material		From	To	7. <input checked="" type="checkbox"/> Cable tool <input 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 <b>PVC</b> Height: Above <del>or below</del> Threaded <input type="checkbox"/> Welded <b>6/16</b> Surface <b>30</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>45</b> ft. depth Wall Thickness: inches Dia. <b>3</b> in. to <b>94</b> ft. depth gage No. <b>Sch 40</b>		
		<b>Clay Brown</b>	<b>0</b>	<b>15</b>	10. Screen: Manufacturer's name <b>Pumped</b> Type <b>PVC</b> Dia. <b>8" to 45" - 5" to 94"</b> Slot/gauze <b>20-075-10-085</b> Depth <b>30'</b> Set between <b>64</b> ft. and <b>94</b> ft. ft. and _____ ft.	
		<b>Lime Rock White</b>	<b>15</b>	<b>20</b>	Gravel pack? <b>Yes</b> Size range of material <b>1/4 - 1/2</b>	
		<b>loose Lime Rock Cavy</b>	<b>20</b>	<b>25</b>	11. Static water level: _____ mo./day/yr. <b>45</b> ft. below land surface Date <b>7-22-77</b>	
		<b>Shale Blue</b>	<b>25</b>	<b>30</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.	
		<b>Lime Rock White</b>	<b>30</b>	<b>40</b>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <b>7-22-77</b>	
		<b>Shale Brown</b>	<b>40</b>	<b>45</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
		<b>Clay u Sandy V F</b>	<b>45</b>	<b>65</b>	<input checked="" type="checkbox"/> Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>25</b> ft. to <b>60</b> ft.	
<b>Lime Rock White</b>	<b>65</b>	<b>78</b>	16. Nearest source of possible contamination: <b>SEPTIC</b> ft. <b>500'</b> Direction <b>S</b> Type <b>TANKS</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Shale Blue</b>	<b>78</b>	<b>94</b>	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)						
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>Cement slab to be Poured by Customer. 4'x4'x4" thick</b>  <b>Robert Berggren</b>		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>Haber Udy Serv. 176</b> Business name _____ License No. _____ Address <b>Blue Rapids, Mo.</b> Signed <b>[Signature]</b> Date <b>7-22-77</b> Authorized representative			

T 8 S R 5 E/W  
 Sec 3  
 1/4 1/4 1/4

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

Form WWC-5