

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 <u>Riley</u>		Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>		Section number <u>12</u>		Township number T <u>8</u> S R <u>5</u> E/W	
2. Distance and direction from nearest town or city: <u>2 1/4 E - 1 cr.</u> Street address of well location if in city: <u>of Leonardville Ks.</u>				3. Owner of well: <u>Virgil Anderson</u> R.R. or street: <u>R.R.</u> City, state, zip code: <u>Leonardville Ks.</u>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date <u>1-19-76</u> Well depth <u>80</u> ft.		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	
5. Type and color of material		From		To		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	
<u>Brown Clay</u>		<u>0</u>		<u>10</u>		9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>200</u>	
<u>White Lime Rock</u>		<u>10</u>		<u>20</u>		10. Screen: Manufacturer's name <u>Jess Howell</u> <u>Well Casing Co.</u> Type <u>PVC</u> Dia. <u>5"</u> <u>Slot/gauze 3/32</u> Length <u>20'</u> Set between <u>60</u> ft. and <u>80</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft.	
<u>Blue Soap Stone</u>		<u>20</u>		<u>25</u>		Gravel pack? <u>YES</u> Size range of material <u>1/4" - 1/2"</u>	
<u>Yellow Clay</u>		<u>25</u>		<u>30</u>		11. Static water level: _____ ma./day/yr. <u>60</u> ft. below land surface Date <u>1-19-76</u>	
<u>Brown "</u>		<u>30</u>		<u>50</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>Yellow Lime Rock</u>		<u>50</u>		<u>65</u>		13. Water sample submitted: _____ ma./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
<u>" Clay</u>		<u>65</u>		<u>75</u>		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> Inches above grade	
<u>Blue Shale</u>		<u>75</u>		<u>81</u>		15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>15</u> ft.	
						16. Nearest source of possible contamination: ft. <u>400</u> Direction <u>W</u> Type <u>Stock yard</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	
(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:		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>Harpus Mfg. Co. 176</u> Business name _____ License No. _____ Address <u>Blue Rapids Ks.</u> Signed <u>C. E. Harpus</u> Date <u>1-19-76</u> Authorized representative			

T-8
R-5
W-0
S-12
NE-NE-NE
1/4 1/4 1/4

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

Form WWC-5