

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 Riley		Fraction SW 1/4 SW 1/4 SE 1/4		Section number 9		Township number T 8 S R 6 E/W		Range number			
2. Distance and direction from nearest town or city: 5 Miles East of Leonardville, Kans. Street address of well location if in city:				3. Owner of well: Warren Simmit R.R. or street: Rt. 1 City, state, zip code: Leonardville, Ks. 66449							
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		6. Bore hole dia. 8 in. Completion date Well depth 108 ft. 1-30-76		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	
5. Type and color of material				From		To		9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded GI Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 108 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200			
Brown Clay				0		5		10. Screen: Manufacturer's name Jesstrom Well Casings Type PVC Dia. 5 1/2 Slot/gauze 25 Length 10 Set between 88 ft. and 108 ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <input checked="" type="checkbox"/>			
White Lime Rock				5		10		11. Static water level: <input type="checkbox"/> mo./day/yr. 80 ft. below land surface Date 1-30-76			
" Clay				10		25		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.			
White Lime Rock				25		30		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date _____			
Yellow " "				30		35		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 Inches above grade			
" Clay				35		40		15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 4 ft. to 15 ft.			
Brown Shale				40		45		16. Nearest source of possible contamination: ft. 400 Direction S Type Farm yard Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
White Lime Rock				75		95		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			
Blue Shale				95		100		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. Shelby Dale Vance 176 Business name _____ License No. _____ Address Blue Rapids, Ks 66411 Signed Shelby Dale Vance Date 1-30-76 Authorized representative			
White Lime Rock Pours				100		105		18. Elevation:			
Blue Shale				105		108		19. Remarks:			
Blue Shale								Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			
								(Use a second sheet if needed)			

T 8 S R 6 E/W Sec 9 SW 1/4 SE

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

Form WWC-5