

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: <b>Riley</b>	Fraction: <b>SE 1/4 SE 1/4 SW 1/4</b>	Section number: <b>22</b>	Township number: <b>T 8 S R 6</b>	Range number: <b>6</b>
2. Distance and direction from nearest town or city: <b>6-S-1/2-E-OF Randolph, Kans.</b> Street address of well location if in city:			3. Owner of well: <b>Russell E Bailey</b> R.R. or street: <b>Rt. 4 Box 282</b> City, state, zip code: <b>Mandottan Kans. 66502</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>9-10-78</b> Well depth <b>100</b> 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
Clay Brown			0	15	9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <b>6</b> in. Surface <b>24</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>100</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>Sch. 40</b>
" White			15	20	10. Screen: Manufacturer's name <b>Pumpco</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/8</b> Length <b>20'</b> Set between <b>80</b> ft. and <b>100</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/8-1/4</b>
" Pink			20	25	11. Static water level: _____ mo./day/yr. <b>90</b> ft. below land surface Date <b>9-10-78</b>
" Brown			25	45	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.
" Yellow			45	50	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Lime Rock White			55	70	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
Clay yellow			70	80	15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neot cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>15</b> ft.
" Brown			80	85	16. Nearest source of possible contamination: <b>old</b> ft. <b>300</b> Direction <b>E.</b> Type <b>Corrals</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Shale Blue			85	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
Lime Rock White-Blue Flint			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. <b>Harpers Well Serv. 176</b> Business name _____ License No. _____ Address <b>Blue Rapids Ms.</b> Signed <b>G. E. Harper</b> Date <b>9-10-78</b> Authorized representative
18. Elevation:			19. Remarks: <b>Cement Slab to be Poured By Land owner 4x4x4" thick</b>		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5

T 8 S R 6 W 22 SE SW 1/4