

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 POTTAWATOMIE	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 14	Township number T 8 S 8 R 8 E 14 W	Range number 8
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: DAN THOMAS R.R. or street: City, state, zip code: 912 N 7th Manhattan, KS 66502			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 5 in. Completion date 11-8-78 Well depth 200 ft.		
				7. <input checked="" 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		
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		
TOP SOIL		0	3	9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC 91 Weight 2.58 lbs./ft. Dia. 5 in. to 200 ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. 274		
Clay, BROWN		3	37	10. Screen: Manufacturer's name PumpCo MPI Type PVC Dia. 5 <input checked="" type="checkbox"/> Slot/gauze .020 Length 100 Set between 70 ft. and 170 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft.		
Shale, yellow, Red grey		37	78	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 X 1/8		
Limestone, yellow, loose, broken		78	80	11. Static water level: <input type="checkbox"/> mo./day/yr. 75 ft. below land surface Date 11-8-78		
Shale, grey, Limestone, grey		80	148	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 2 g.p.m.		
Shale, grey, BLACK		148	173	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
Shaly Limestone grey		173	200	14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 24 Inches above grade		
(Use a second sheet if needed)				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 5 ft. to 15 ft.		
				16. Nearest source of possible contamination: ft. 200 Direction SE Type SEPTIC 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		
18. Elevation:	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.		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	OWNER TO INSTALL SLAB			STRADER Dalg Co 182 Business name License No. Address RT1 Holton, KS Signed Dale Ashm Date 11-9-78 Authorized representative		

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

Form WWC-5