

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>Clay</b>	Fraction <b>SE 1/4 SW 1/4 NW 1/4</b>	Section number <b>21</b>	Township number T <b>9</b> S R <b>1 E</b> E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Merwin Davidson</b> R.R. or street: <b>Rt. 2</b> City, state, zip code: <b>Oak Hill Kans 67472</b>		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <b>6</b> in. Completion date Well depth <b>44.5</b> ft. <b>6/6/78</b>		
			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		
			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			9. Casing: Material _____ Height: <b>above</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>44.5</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <b>7200</b>		
<b>Alluvial terrace:</b> <b>Clay + silt, brown + gray</b> <b>Gravel, fine to coarse + sand, silty</b>			10. Screen: Manufacturer's name <b>shop</b>		
			Type <b>slots</b> Dia. <b>4"</b> Slot/gauze <b>1/16"</b> Length <b>3'</b> Set between <b>41</b> ft. and <b>44</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>10"</b>		
<b>Permian:</b> <b>Shale, red + gray</b>			11. Static water level: _____ mo./day/yr. <b>15</b> ft. below land surface Date <b>6/6/78</b>		
			12. Pumping level below land surfaces: <b>10</b> ft. after <b>1/2</b> hrs. pumping <b>10</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.		
			16. Nearest source of possible contamination: ft. <b>60'</b> Direction <b>E</b> Type <b>Creek</b> 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 type="checkbox"/> Upland <input checked="" 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. <b>Hydraulic Drilling 126</b> Business name _____ License No. _____ Address <b>Sullivan Kans</b> Signed <b>Ol. Faust</b> Date <b>7/6/78</b> Authorized representative	

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

Form WWC-5