

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

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|---|------|--------------------------------|---|--|--|--------------|---|---|------------|---|----|---------------|----|----|-----------|----|----|--------------------|----|-----|--|--|--|--|
| 1. Location of well: | | County POTTAWATOMIE | Fraction NE 1/4 NE 1/4 SW 1/4 | Section number 12 | Township number T 9 S R 10 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: MARK GUIFOIL R. or street: RT 2 City, state, zip code: WAMEGO, Kans. 66547 | | | | | | | | | | | | | | | | | | | | | |
| 4. Locate with "X" in section below: | | | Sketch map: | | 6. Bore hole dia. 10 in. Completion date _____ Well depth 100 ft. 1-4-77 | | | | | | | | | | | | | | | | | | | |
| | | | | | 7. 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 | | | | | | | | | | | | | | | | | | | |
| | | | | | 9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC 96 Weight 2.58 lbs./ft. Dia. 5 in. to 100 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 2.72 | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;"></td><td style="width:10%; text-align:center;">From</td><td style="width:10%; text-align:center;">To</td></tr> <tr><td>TOP SOIL</td><td style="text-align:center;">0</td><td style="text-align:center;">3</td></tr> <tr><td>BROWN CLAY</td><td style="text-align:center;">3</td><td style="text-align:center;">27</td></tr> <tr><td>COURSE GRAVEL</td><td style="text-align:center;">27</td><td style="text-align:center;">39</td></tr> <tr><td>LIMESTONE</td><td style="text-align:center;">39</td><td style="text-align:center;">45</td></tr> <tr><td>SHALE - GREY - RED</td><td style="text-align:center;">45</td><td style="text-align:center;">100</td></tr> </table> | | | | From | To | TOP SOIL | 0 | 3 | BROWN CLAY | 3 | 27 | COURSE GRAVEL | 27 | 39 | LIMESTONE | 39 | 45 | SHALE - GREY - RED | 45 | 100 | | | 10. Screen: Manufacturer's name _____ Type PVC Dia. 5 Slot gauge _____ Length 60 Set between 30 ft. and 60 ft. 70 ft. and 100 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 X 1/8 | |
| | From | To | | | | | | | | | | | | | | | | | | | | | | |
| TOP SOIL | 0 | 3 | | | | | | | | | | | | | | | | | | | | | | |
| BROWN CLAY | 3 | 27 | | | | | | | | | | | | | | | | | | | | | | |
| COURSE GRAVEL | 27 | 39 | | | | | | | | | | | | | | | | | | | | | | |
| LIMESTONE | 39 | 45 | | | | | | | | | | | | | | | | | | | | | | |
| SHALE - GREY - RED | 45 | 100 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 11. Static water level: _____ mo./day/yr. 39 ft. below land surface Date 1-4-77 | | | | | | | | | | | | | | | | | | | |
| | | | | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 12 g.p.m. | | | | | | | | | | | | | | | | | | | |
| | | | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | | | | | | | | | | | | | | | | | | | |
| | | | | | 14. Well head completion: CAPPED <input type="checkbox"/> Pitless adapter 24 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 5 ft. to 15 ft. | | | | | | | | | | | | | | | | | | | |
| | | | | | 16. Nearest source of possible contamination: ft. 300 Direction NE Type LOTS 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: | | 19. Remarks: | | 20. Water well contractor's certification: | | | | | | | | | | | | | | | | | | | | |
| Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | OWNER WILL INSTALL SLAB | | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. STANLEY DOLY CO INC 1P2 Business name License No. _____ Address RT 1 HOLTON, KS Signed Dale Jackson Date 1-8-77 Authorized representative | | | | | | | | | | | | | | | | | | | | |

T 9
 R 10
 W E
 12
 NE 1/4 SW 1/4