

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 JACKSON		Fraction SE 1/4 SE 1/4 NW 1/4		Section number 29		Township number T 9		Range number R 16		E-W E	
2. Distance and direction from nearest town or city: 2 E .5 S				3. Owner of well: Cliff Dodds							
Street address of well location if in city: OF HOYT				R.R. or street: 2221 Edgewater Terr.							
				City, state, zip code: TOPEKA, KS. 66614							
4. Locate with "X" in section below:				Sketch map:				6. Bore hole dia. 8 in. Completion date _____			
								Well depth 140 ft. 3-19-79			
								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			
								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 _____ Welded _____ Surface 29 in.			
								RMP _____ PVC 96 Weight 29283 lbs./ft.			
								Dia 5 in. to 140 ft. depth Wall Thickness: inches or			
								Dia. _____ in. to _____ ft. depth Gauge No. 258			
5. Type and color of material				From		To		10. Screen: Manufacturer's name _____			
TOP SOIL				0		9		PumpCo mli			
Clay, brown				9		15		Type PVC Dia. 5			
SAND, FINE, coarse				15		17		Slot gauge .020 Length 90			
shale grey				17		75		Set between 100 ft. and 140 ft.			
SANDSTONE, WATER bearing				75		120		Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/32 to 1/16			
Limestone, grey				120		126		11. Static water level: _____ mo./day/yr.			
shale grey				126		140		75 ft. below land surface Date 3-19-79			
								12. Pumping level below land surfaces:			
								_____ ft. after _____ hrs. pumping _____ g.p.m.			
								_____ ft. after _____ hrs. pumping _____ g.p.m.			
								Estimated maximum yield 8 g.p.m.			
								13. Water sample submitted: _____ mo./day/yr.			
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
								14. Well head completion: CAP			
								<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. 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: 1010				19. Remarks: OWNER TO INSTALL SLAB				20. Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
								STRADER DRIG CO 182			
								Business name License No.			
								Address RT1 Holton, KS.			
								Signed Dale Beckman Date 3-16-79			
								Authorized representative			

T 9 R 16 E W 29 Sec 29 SE 1/4 SW 1/4

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

Form WWC-5

BR = 993 ? = 735