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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

dbb

1. Location of well:		County <b>JACKSON</b>	Fraction <b>NW NW SE</b> <del>1/4</del>	Section number <b>31</b>	Township number <b>T 9 S R 16 E/W</b>	Range number <b>16</b>
2. Distance and direction from nearest town or city: <b>1 E 1-3 S</b>			3. Owner of well: <b>Randy Hodges</b>			
Street address of well location if in city: <b>OF HOYT</b>			R.R. or street: <b>47 North Fordham</b>			
			City, state, zip code: <b>TOPEKA 66619</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date _____		
				Well depth <b>240</b> ft. <b>7-27-79</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		
				9. Casing: Material <b>PVC</b> Height: <input checked="" type="checkbox"/> Above or below Threaded _____ Welded _____ Surface <b>29</b> in. RMP _____ PVC <b>9L</b> Weight <b>282</b> lbs./ft. Dia. <b>5</b> in. to <b>2 1/2</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>1250</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>Pumpco MPI</b>		
<b>TOP SOIL</b>		<b>0</b>	<b>3</b>	Type <b>PVC</b> Dia. <b>5</b>		
<b>CLAY, brown</b>		<b>3</b>	<b>19</b>	<input checked="" type="checkbox"/> Slit gauze <b>060</b> Length <b>60</b>		
<b>Shaley Lime grey</b>		<b>19</b>	<b>75</b>	Set between <b>180</b> ft. and <b>240</b> ft.		
<b>Limestone, grey</b>		<b>75</b>	<b>89</b>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4x1/8</b>		
<b>Shale, grey</b>		<b>89</b>	<b>132</b>	11. Static water level: _____ mo./day/yr. <b>180</b> ft. below land surface Date <b>7-27-79</b>		
<b>SANDY shale</b>		<b>132</b>	<b>180</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.		
<b>SANDSTONE, water bearing</b>		<b>180</b>	<b>225</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<b>Shale, grey</b>		<b>225</b>	<b>240</b>	14. Well head completion: <b>CAP</b> <input type="checkbox"/> Pitless adapter <b>29</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>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>S</b> Type <b>SEPTIC</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		
				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>Strader Dalg. Co Inc 182</b> Business name License No. Address <b>PTI Holton, KS</b> Signed <b>Dale Parker</b> Date <b>7-30-79</b> Authorized representative		
18. Elevations <b>1090</b>		19. Remarks: <b>OWNER TO INSTALL SLAB</b>				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

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