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Meriden

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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

dd

1. Location of well:		County Jefferson	Fraction 1/4 SE 1/4 SE 1/4	Section number 31	Township number T 9 S	Range number S R 17 E	E/W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: R.R. or street: City, state, zip code:			
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. 7 in. Completion date 9-25-76 Well depth 77 ft.			
5. Type and color of material				7. <input checked="" type="checkbox"/> Cable tool <input 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 PITS Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 36 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 27 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200			
10. Screen: Manufacturer's name SugFlower				11. Static water level: <input checked="" type="checkbox"/> mo./day/yr. 37 ft. below land surface Date 9-25-76			
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 GPM g.p.m.				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
14. Well head completion: <input type="checkbox"/> Pitless adapter 36" 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 0 ft. to 13 ft.			
16. Nearest source of possible contamination: ft. 75 Direction South Type Barn Lot 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: 1050 Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				19. Remarks: Owner to install slab			
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. Robison Drilling 3167A Business name License No. Address Perry KS. Signed Jack Robison Date 9-27-76 Authorized representative				T 9 R 17 E S 31 SE SE			

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

Form WWC-5

BR elev = 973

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