

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 820-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County: Clay	Fraction: NE 1/4 SW 1/4 SE 1/4	Section number: 11	Township number: T 9 S R 2 E	Range number: 2
2. Distance and direction from nearest town or city: 4 mi South 2 West of 1/2 mi South of Clay Center			3. Owner of well: Dwayne Shoreman R.R. or street: RR City, state, zip code: Clay Center Kans 67432			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 4 in. Completion date: 1-28-78 Well depth: 125 ft.		
		<p style="text-align: center;">T.O.C.I</p>		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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" 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 PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 1 1/2 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 125 ft. depth Wall Thickness: inches or 267 wall Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>		
		From	To	10. Screen: Manufacturer's name <input type="checkbox"/> Type P.V.C. M.P.I. Dia. 5" Slot/groove <input type="checkbox"/> Length: 40' Set between 125 ft. and 85 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8" X 1/4"		
				11. Static water level: <input type="checkbox"/> mo./day/yr. 80 ft. below land surface Date 1-28-78		
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 6 g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: NA <input type="checkbox"/> Pitless adapter ____ inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> 1:2 With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 20 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. 1000 Direction SE Type Cow 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 <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Strader Drilling Co. 237 Business name Blue R adds License No. <input type="checkbox"/> Address Harold Strader Signed Harold Strader Date 1-28-78 Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

T
R
W
E
11
NE
SW
SE
1/4
1/4
1/4