

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

NE 1/4 NW 1/4 of SE 1/4

1. Location of well: County <u>Clay</u>		Fraction <u>NE 1/4 SW 1/4 SW 1/4</u>		Section number <u>11</u>		Township number <u>9</u>		Range number <u>2</u>	
2. Distance and direction from nearest town or city: <u>Clay Center 4 mi S</u> <u>2 miles West of 1/2 mi South</u>				3. Owner of well: <u>Dwaine Shorman</u> R.R. or street: <u>R.R. 5</u> City, state, zip code: <u>Clay Center Kans 67432</u>					
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		6. Bore hole dia. <u>1 1/2</u> in. Completion date Well depth <u>195</u> ft. <u>1-28-1978</u>			
5. Type and color of material				From		To		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	
<u>top soil Black</u>				<u>1</u>		<u>4</u>		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	
<u>top soil Black</u>				<u>4</u>		<u>85</u>		9. Casing: Material <u>PVC</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>1 1/2</u> in. RMP <u>PVC</u> <input checked="" type="checkbox"/> Weight <u>26 lb/wall</u> Dia. <u>5</u> in. to <u>125</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>125</u> ft. depth gage No. <u>26</u>	
<u>Clay, yellow (Hard)</u>				<u>85</u>		<u>98</u>		10. Screen: Manufacturer's name <u>M.P.I.</u> Type <u>PVC</u> Dia. <u>5" inside</u> Slot/groove <u>1/8"</u> Length <u>85'</u> Set between <u>125</u> ft. and <u>85'</u> ft. <u>125</u> ft. and <u>85'</u> ft.	
<u>Rock, Blue, Hard</u>				<u>98</u>		<u>109</u>		Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4" X 1/2"</u>	
<u>Rock white Limestone (Water)</u>				<u>109</u>		<u>125</u>		11. Static water level: <u>80</u> ft. below land surface Date <u>1-28-78</u> mo./day/yr.	
<u>Shale Blue</u>								12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>6</u> g.p.m.	
								13. Water sample submitted: ____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date	
								14. Well head completion: <u>NA</u> <input type="checkbox"/> Pitless adapter ____ Inches above grade	
								15. Well grouted? <input checked="" type="checkbox"/> <u>1 1/2</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>2.0</u> ft. to <u>10</u> ft.	
								16. Nearest source of possible contamination: ft. <u>1000</u> Direction <u>SE</u> Type <u>Cow lot</u> 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:							
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <u>Strader Drilling Co 237</u> Business name <u>Blue Aafids Inc</u> License No. _____ Address <u>Havel Strader</u> Signed <u>Havel Strader</u> Date <u>1-30-78</u> Authorized representative							

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

Form WWC-5