

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 Clay	Fraction SW 1/4 NW 1/4 SW 1/4	Section number 27	Township number T 9 S R 3	Range number 3 (E/W)
2. Distance and direction from nearest town or city: 2 miles north & 3 west of Wakefield			3. Owner of well: Gerald Murphy R.R. or street: R.R. # 2 City, state, zip code: Wakefield, Kansas			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>94</u> ft. <u>9-27-77</u>		
				7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Aug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
5. Type and color of material		From	To	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		
Black top soil		0	2	9. Casing: Material <u>Plst</u> Height: Above or below _____ Threaded _____ Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>94</u> ft. depth; Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth; gauge No. <u>0.258</u>		
Brown clay		2	16	10. Screen: Manufacturer's name <u>Western Plastics</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>30'</u> Set between <u>64</u> ft. and <u>94</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>		
Hard limestone		16	22	11. Static water level: _____ mo./day/yr. <u>68</u> ft. below land surface Date <u>9/27/77</u>		
Yellow clay		22	23	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10+</u> g.p.m.		
Limestone and flint		23	36	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Yellow clay		36	51	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ <u>18</u> inches above grade		
Brown clay and shale		51	74	15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
Soft limesone		74	75	16. Nearest source of possible contamination: ft. <u>80</u> Direction <u>N</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Hard limestone		75	77	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		
Soft limestone		77	82	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>Rader Drilling Co.</u> <u>194</u> Business name License No. _____ Address <u>Carlton, Kansas</u> <u>67429</u> Signed <u>Frank E Rader</u> Date <u>10-26</u> Authorized representative		
Hard limestone		82	94			
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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-9
 R-30
 W-27
 Sec 27
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