

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 Riley	Fraction SE 1/4 NE 1/4 NE 1/4	Section number 7	Township number T 9 S R 6 E 10	Range number																														
2. Distance and direction from nearest town or city:	Street address of well location if in city:		Owner of well: Miss Grace Morris R.R. or street: 100 West 10th City, state, zip code: Wamego Kans																																
4. Locate with "X" in section below:			Sketch map:																																
			6. Bore hole dia. <u>9.0</u> in. Completion date <u>6-22-79</u> Well depth <u>90</u> ft.																																
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>1</td> <td>3</td> </tr> <tr> <td>Rock, Yellow Lime</td> <td>3</td> <td>15</td> </tr> <tr> <td>Clay, Yellow</td> <td>15</td> <td>19</td> </tr> <tr> <td>Rock Yellow-Lime</td> <td>19</td> <td>33</td> </tr> <tr> <td>Shale, Red</td> <td>33</td> <td>57</td> </tr> <tr> <td>Rock Shale Yellow Lime</td> <td>57</td> <td>80</td> </tr> <tr> <td>Shale, Blue</td> <td>80</td> <td>90</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				From	To	Top Soil	1	3	Rock, Yellow Lime	3	15	Clay, Yellow	15	19	Rock Yellow-Lime	19	33	Shale, Red	33	57	Rock Shale Yellow Lime	57	80	Shale, Blue	80	90							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		
				From	To																														
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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 PVC Height: <u>24</u> or below in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>90</u> ft. depth (Wall thickness) in. <u>1.267</u> Wall Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth (gauge No.)																																			
10. Screen: Con-Tex by Lawrence Type PVC Dia. <u>5</u> Slot/gauge <u>.030</u> Length <u>40</u> Set between <u>50</u> ft. and <u>90</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4" x 1/2"</u>																																			
11. Static water level: <u>60</u> ft. below land surface Date <u>6-22-79</u> mo./day/yr.																																			
12. Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <u>20</u> g.p.m.																																			
13. Water sample submitted: ___ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date ___																																			
14. Well head completion: NA ___ Pitless adapter ___ inches above grade																																			
15. Well grouted? <input checked="" type="checkbox"/> <u>1-2</u> With: ___ Neat cement ___ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>18</u> ft. to <u>7</u> ft.																																			
16. Nearest source of possible contamination: ft. <u>125</u> Direction <u>east</u> Type <u>Septic Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ___ No ___																																			
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ___ HP ___ Volts ___ Length of drop pipe ___ ft. capacity ___ g.p.m. Type: ___ Submersible ___ Turbine ___ Jet ___ Reciprocating ___ Centrifugal ___ Other																																			
(Use a second sheet if needed)																																			
18. Elevation:	19. Remarks:		20. Water well contractor's certification:																																
Topography: ___ Hill ___ Slope <input checked="" type="checkbox"/> Upland ___ Valley			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 <u>Blue Rapids Kans</u> License No. ___ Address <u>Harold Strader</u> Date <u>6-22-</u> Signed <u>Harold Strader</u> Authorized representative																																

T-9
 R-6E
 S-7
 SE 1/4 NE 1/4

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

Form WWC-5