

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 <u>Riley</u>		Fraction <u>SW 1/4 SW 1/4 9W 1/4</u>		Section number <u>27</u>		Township number <u>T 9 S</u>		Range number <u>R 6 E/W</u>	
2. Distance and direction from nearest town or city: <u>3 W</u>				3. Owner of well: <u>W. A. ENDICOTT - 66442</u>					
Street address of well location if in city: <u>OF KEATS</u>				R.R. or street: City, state, zip code: <u>21 A SHERIDEN AVE. FORT RILEY</u>					
4. Locate with "X" in section below:		Sketch map:				6. Bore hole dia. <u>8</u> in. Completion date <u>9-13-76</u> Well depth <u>100</u> ft.			
						7. <input type="checkbox"/> Cable tool <input checked="" 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			
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			
						9. Casing: Material <u>PVC</u> Height: <u>(60)</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <u>9L</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>274</u>			
						10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5</u> <u>(16)</u> gauge <u>1020</u> Length <u>20</u> Set between <u>45</u> ft. and <u>65</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>0.30x0.60</u>			
						11. Static water level: <u>50</u> ft. below land surface Date <u>9-13-76</u> mo./day/yr.			
						12. Pumping level below land surfaces: <u>AIR TEST</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>4</u> g.p.m.			
						13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>			
						14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>24</u> 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 <u>5</u> ft. to <u>15</u> ft.			
						16. Nearest source of possible contamination: <u>SE SEPTIC</u> ft. <u>100</u> Direction <u>SE</u> Type <u>SEPTIC</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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:		19. Remarks: <u>OWNER WILL INSTALL SLAB</u>				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 Dalg Co Inc 182</u> Business name License No. Address <u>RTI HOLTEN, KS</u> Signed <u>Dale Ashen</u> Date <u>9-13-76</u> Authorized representative			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

T 9 S R 6 E/W Sec 27 1/4 1/4 1/4

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

Form WWC-5