

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

<input checked="" type="checkbox"/> Location of well:	County <u>Riley</u>	Fraction <u>NW 1/4 NW 1/4 SE 1/4</u>	Section number <u>36</u>	Township number <u>T 90</u>	Range number <u>R 6</u> E/W
2. Distance and direction from nearest town or city: <u>IN</u>			3. Owner of well: <u>AL CRAMLET</u>		
Street address of well location if in city: <u>KEATS</u>			R.R. or street: _____ City, state, zip code: <u>KEATS, KS</u>		
4. Locate with "X" in section below:			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>10</u> in. Completion date <u>6-1-76</u> Well depth <u>40</u> ft.
<u>TOP SOIL</u>			<u>0</u>	<u>4</u>	7. <input checked="" 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
<u>BROWN CLAY</u>			<u>4</u>	<u>23</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"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<u>GRAVEL</u>			<u>23</u>	<u>27</u>	9. Casing: Material <u>PVC</u> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <u>PVC 96</u> Weight <u>2.82</u> lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Well Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth Age No. <u>258</u>
<u>grey shale</u>			<u>27</u>	<u>40</u>	10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5</u> <u>519</u> gauze <u>.060</u> Length <u>10</u> Set between <u>23</u> ft. and <u>33</u> ft. ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 X 1/8</u>
					11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>6-1-76</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>10</u> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: <u>CAPPED</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>NW</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 _____ 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:		20. Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	<u>OWNER WILL INSTALL SLAB</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>STRADER DRUG CO INC 182</u> Business name _____ License No. _____ Address <u>RT1 HOITON KS</u> Signed <u>Dale Weber</u> Date <u>7-12-76</u> Authorized representative		

9-
 LE-
 W-
 36
 Sec
 1/4
 1/4
 1/4
 1/4
 ALL WELLS

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

Form WWC-5