

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 <b>Pottawatomie</b> Fraction <b>NE 1/4 NE 1/4 SE 1/4</b> Section number <b>2</b> Township number <b>T 9 S</b> Range number <b>R 9 E</b> E/W	
2. Distance and direction from nearest town or city: <b>Wamego 3 West on old 24 Highway on south side</b> Owner of well: <b>Denny Burgess</b> Street address of well location if in city: _____ R.R. or street: <b>Wamego Kans</b> City, state, zip code: _____	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
top soil	0 7
Rock Limestone yellow	7 22
Shale Blue	22 77
6. Bore hole dia. <b>10</b> in. Completion date <b>June 6-79</b> Well depth <b>77</b> ft.	
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	
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 <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>167</b> lbs./ft. Dia. <b>5</b> in. to <b>77</b> ft. depth Wall Thickness <b>1/8</b> inches or Dia. <b>5</b> in. to <b>77</b> ft. depth gage No. _____	
10. Screen: Manufacturer's name <b>Can-Tex</b> Type <b>PVC</b> Dia. <b>3"</b> Slot/groove <b>0.30</b> Length <b>40'</b> Set between <b>15</b> ft. and <b>35</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4" - 1/2"</b>	
11. Static water level: _____ mo./day/yr. <b>18</b> ft. below land surface Date <b>6-6-79</b>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>3</b> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: <b>NA</b> <input type="checkbox"/> Pitless adapter _____ inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> <b>1-2'</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>16</b> ft. to <b>5</b> ft.	
16. Nearest source of possible contamination: <b>167 ft</b> ft. <b>70'</b> Direction <b>east</b> Type <b>Drain</b> 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:  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:  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. <b>Strader Drilling Co 237</b> Business name <b>Blue Rapids KS</b> License No. _____ Address <b>Harold Strader</b> Date _____ Signed <b>Harold Strader</b> Authorized representative

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

Form WWC-5