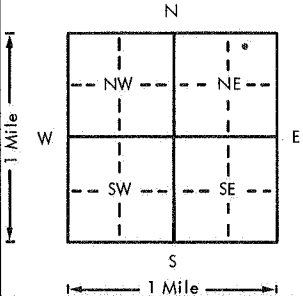


Sent 6-27-77

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 Rooks | Fraction SW NE 1/4 NE 1/4 NE 1/4 | Section number 13 | Township number T 12 10 S | Range number R 17W E W |
| 2. Distance and direction from nearest town or city: 3/4 mi - East 1/4 mi South of Codell Street address of well location if in city: | | | 3. Owner of well: Florance Stevenson R.R. or street: City, state, zip code: Codell Kansas | | |
| 4. Locate with "X" in section below: Sketch map:  Well is 600' North of line, about 600' from East line | | | 6. Bore hole dia. <u>10"</u> in. Completion date <u>5/14-77</u> Well depth <u>72'</u> ft. | | |
| 5. Type and color of material | | | 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 | | |
| | | | 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>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>36</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>72</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u> | | |
| | | | 10. Screen: Manufacturer's name <u>Cut with saw m/c</u> Type _____ Dia. <u>5"</u> Slot/grooze <u>1/8"</u> Length <u>10"</u> Set between <u>57</u> ft. and <u>67</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8"</u> | | |
| | | | 11. Static water level: _____ mo./day/yr. <u>24</u> ft. below land surface Date <u>5/13-77</u> | | |
| | | | 12. Pumping level below land surfaces: <u>28</u> ft. after <u>4</u> hrs. pumping <u>8</u> g.p.m. <u>28</u> ft. after <u>6</u> hrs. pumping <u>8</u> g.p.m. Estimated maximum yield _____ g.p.m. | | |
| | | | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| | | | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade | | |
| | | | 15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>13</u> ft. to <u>3</u> ft. | | |
| | | | 16. Nearest source of possible contamination: <u>Barn</u> ft. <u>60"</u> Direction <u>SW</u> Type <u>yard</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | 17. Pump: _____ 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 | | |
| | | | 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. Oscar Rush 310 Business name _____ License No. _____ Address <u>Natoma, Kansas</u> <u>67651</u> Signed <u>Oscar Rush</u> Date <u>5/14/77</u> Authorized representative | | |
| 18. Elevation: | 19. Remarks: Well is 40' from old well, that will be used for stock water | | | | |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | |

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1/4 1/4 1/4

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

Form WWC-5