

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

BIBB

1. Location of well: County <u>SHERRILL</u>		Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>		Section number <u>29</u>	Township number T <u>10</u> S R <u>29</u> E/W	Range number
2. Distance and direction from nearest town or city: <u>2E-2N PRINCELL, Ks.</u>			3. Owner of well: <u>FRED Robben</u>			
Street address of well location if in city:			R.R. or street: <u>PRINCELL, Ks</u>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>10-16-75</u> Well depth <u>58</u> ft.	
				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		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<u>Top soil</u>		<u>0</u>	<u>29</u>	9. Casing: Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <input type="checkbox"/> ft. depth; Wall Thickness: inches or Dia. <u>2</u> in. to <u>58</u> ft. depth; gauge No. <u>200</u>		
<u>gravel</u>		<u>29</u>	<u>41</u>	10. Screen: Manufacturer's name <u>ACEE Lowell</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/32</u> Length <u>5'</u> Set between <u>49</u> ft. and <u>57</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-1/4</u>		
<u>fine sand</u>		<u>41</u>	<u>53</u>	11. Static water level: <input type="checkbox"/> mo./day/yr. <u>21</u> ft. below land surface Date <u>10-16-75</u>		
<u>1/4 m gravel</u>		<u>53</u>	<u>57</u>	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>30 +</u> g.p.m.		
<u>Ochre</u>		<u>57</u>	<u>58</u>	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>NORTH</u> Type <u>RIVER</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 <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <u>mill</u> 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. <u>STRUCKHOFF SONS. 298</u> Business name <u>PRINCELL Ks</u> License No. <input type="checkbox"/> Address <u>PRINCELL Ks</u> Signed <u>[Signature]</u> Date <u>9-8-76</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5