

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>RUSSELL</b>	Fraction <input checked="" type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4			Section number <b>29</b>	Township number <b>T 12</b>	Range number <b>S R 12</b>		<b>E/W</b>				
Distance and direction from nearest town or city: <b>BUNKER- HILL, KS</b>					3. Owner of well: <b>DORAN ROGG</b>									
Street address of well location if in city: <b>N/ 10 MILES</b>					R.R. or street: <b>RFD</b>									
					City, state, zip code: <b>BUNKER- HILL, KANSAS</b>									
Locate with "X" in section below: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="text-align: center; margin-right: 20px;"> <p>Sketch map:</p> </div> <div style="text-align: center;"> <p><b>PASTURE WELL</b></p> </div> </div>					6. Hole dia. <b>7</b> in. Completion date <b>5-31-77</b> Well depth <b>92</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				
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					
TOP SOIL					0		21		9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>282.8</b> lbs./ft.					
YELLOW CLAY					01		40		Dia. <b>5</b> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>265</b>					
GRAY CLAY					40		46		10. Screen: Manufacturer's name <b>MODERN PIPE INC</b> Type <b>PVC # 200</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <input checked="" type="checkbox"/> Set between <b>72</b> ft. and <b>90</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4-1/8</b>					
DRY SAND ROCK					46		54		11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____					
BLUE SHALE					54		71		12. Pumping level below land surfaces: <b>BAILER TEST</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.					
SAND ROCK					71		92		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Date _____					
									14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12"</b> Inches above grade					
									15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Negt cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>72</b> ft.					
									<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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: <b>windmill</b> <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)									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>SMALL;S WATER WELL DRLG. 260</b> Business name _____ License No. _____ Address _____ Signed <i>Edmund Small</i> Date <b>5/17/77</b> Authorized representative					
18. Elevation:		19. Remarks:												
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley														

100

T 12 R 12 E/W  
 Sec 29  
 1/4 1/4 1/4 1/4

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

Farm WWC-5