

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 <u>ELLIS</u>		Fraction <u>SE 1/4 NE 1/4 NE 1/4</u>		Section number <u>34</u>		Township number <u>T 13 S R 18 E N</u>		Range number <u>18</u>			
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>2515 Henry Hays.Ks.</u>				3. Owner of well: <u>Dan Strecklein</u> R.R. or street: <u>2515 Henry</u> City, state, zip code: <u>2515 Henry</u>							
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: well----- house Henry St.		6. Bore hole dia. <u>9</u> in. Completion date <u>2-4-79</u> Well depth <u>42</u> ft.					
5. Type and color of material				From		To		7. 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			
				Topsoil		0		4		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 type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				Clay		4		28		9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>16</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>42</u> ft. depth; Wall Thickness: inches or Dia. <u>5</u> in. to <u>42</u> ft. depth; gage No. <u>26</u>	
				sand		28		56		10. Screens: Manufacturer's name <u>Jet Stream</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>10</u> Length <u>10</u> Set between <u>30</u> ft. and <u>40</u> ft. <u>40</u> ft. and <u>40</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/2"</u>	
				Blue Shale		36		40		11. Static water level: <u>32</u> ft. below land surface Date <u>9-4-79</u> 12. Pumping level below land surfaces: <u>32</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>10</u> g.p.m.	
								13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>			
								14. Well head completion: <input type="checkbox"/> Pitless adapter <u>16</u> inches above grade			
								15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" 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: <u>NONE</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
								17. Pump: <u> </u> Not installed Manufacturer's name <u>FRW</u> Model number <u>SRAP</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>36</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" 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. <u>Karok Water Well</u> <u>199</u> Business name <u> </u> License No. <u> </u> Address <u>E. Henry 40</u> Signed <u>Neil Karok</u> Date <u>6/1/80</u> Authorized representative							

T 13 R 18 E S 34 SE 1/4 NE 1/4

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

Form WWC-5