

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

Russell Spring

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

BDD

1. Location of well:		County <b>Logan</b>	Fraction <del>SE 1/4</del> <b>SE 1/4 SE 1/4</b>	Section number <b>#15</b>	Township number <b>T 13 S R 35</b>	Range number <b>E W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Mr. Ray Repshire</b> R.R. or street: City, state, zip code: <b>Russell Springs, Kansas 67735</b>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <b>28</b> in. Completion date <b>5-2-75</b> Well depth <b>91</b> ft.	
					7. <input 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 checked="" 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 checked="" 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	
Top Soil & silt			0	25	9. Casing: Material <b>steel</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>188</b> lbs./ft. Dia. <b>16</b> in. to <b>20</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>#7</b>	
Sand & clay			25	65	10. Screen: Manufacturer's name <b>W. A. Brown</b> Type <b>bridge</b> Dia. <b>16"</b> Slot/gauze <b>1/8</b> Length <b>2"</b> Set between <b>21</b> ft. and <b>81</b> ft. <b>10'</b> of cook ft. and <b>91</b> ft. Gravel pack? <b>yes</b> Size range of material <b>1/4 x 5/8</b>	
Coarse sand & gravel			65	91	11. Static water level: <b>70</b> ft. below land surface Date <b>6-5-75</b> <small>mo./day/yr.</small>	
Ochre			91		12. Pumping level below land surfaces: <b>88</b> ft. after <b>2</b> hrs. pumping <b>300</b> g.p.m. ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>300</b> g.p.m.	
					13. Water sample submitted: <small>mo./day/yr.</small> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
					15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
					16. Nearest source of possible contamination: ft <b>4000'</b> Direction <b>S.E.</b> Type <b>Town</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>2985 (TOPC)</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Western Well &amp; Pump, Inc. 245</b> Business name License No. Address <b>P.O. Box 852, Colby, Ks.</b> Signed <b>Ray Senior</b> Date <b>6-17-75</b> Authorized representative		

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

Form WWC-5