

USE TYPEWRITER OR BALL
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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 Saline	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 9	Township number T 16	Range number S R 1	(EW)
2. Distance and direction from nearest town or city: 3 M S. 1 W GYPSUM				3. Owner of well: Hubert Redden			
Street address of well location if in city:				R.R. or street: Gypsum, Kansas 67448			
4. Locate with "X" in section below:				Sketch map:			
				6. Bore hole dia. 8 in. Completion date 11/19/75		Well depth 31 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	
				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 plst Height: Above or below		Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in.	
				RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.		Dia. 5 in. to 31 ft. depth	
				Wall Thickness: inches or		Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth	
				gauge No. 0.214			
5. Type and color of material		From		To		10. Screen: Manufacturer's name	
Clay and gravel		0		7		Western Plastics	
Tannish yellow clay		7		19		Type EVC Dia. 5 in.	
Rock and gravel		19		24		Slot/gauze 3/32 Length 20	
Blue		24		31		Set between 11 ft. and 31 ft.	
						ft. and <input type="checkbox"/> ft.	
						Gravel pack? Yes Size range of material 1/16 to 3/8	
						11. Static water level: 8 ft. below land surface Date 11/19/75	
						12. Pumping level below land surfaces:	
						ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.	
						ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.	
						Estimated maximum yield 12 g.p.m.	
						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 18 inches above grade	
						15. Well grouted? Yes	
						With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
						Depth: From 0 ft. to 10 ft.	
						16. Nearest source of possible contamination: SEPTIC	
						ft. 300 Direction NE Type TANK	
						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 <input type="checkbox"/> Other	
						(Use a second sheet if needed)	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:			
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
<input type="checkbox"/> Hill				Rader Drilling Co. 194			
<input type="checkbox"/> Slope				Business name <input type="checkbox"/> License No. <input type="checkbox"/>			
<input type="checkbox"/> Upland				Address Carlton, Kans. 67429			
<input type="checkbox"/> Valley				Signed Chas E Rader Date 2-19-76			
				Authorized representative			

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

Form WWC-5