

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

McIlvain

WATER WELL RECORD
KSA 82a-1201-1215

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

McIlvain #1

1. Location of well:		County Edwards	Fraction C SW 1/4 1/4 1/4 1/4	Section number 8	Township number 24 S T S R	Range number 17 W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
4. Locote with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 6. Bore hole dia. 8 in. Completion date Well depth 60 ft. 11-4-77			
5. Type and color of material			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 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other			
			9. Casing: Material Galv Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 287.3 lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. 200			
			10. Screen: Manufacturer's name Type Self made Dia. 5 Slot/gauze 8 Length 20 Set between 40 ft. and 60 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-1/4			
			11. Static water level: <input type="checkbox"/> mo./day/yr. 14 ft. below land surface Date 11-4-77			
(Use a second sheet if needed)			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 <input type="checkbox"/> g.p.m.			
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
			15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.			
			16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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			
			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. Mayer Water Well Business name 143 No. Address St. Bernard, Mo Signed A. Mayer Date 11-4-77 Authorized representative			
			19. Remarks:			

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

Form WWC-5