

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>PEATT</b>		Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>3</b>	Township number <b>T 27 S R 13 E W</b>	Range number
2. Distance and direction from nearest town or city: <b>LOFF LOT 12</b>		3. Owner of well: <b>RODNEY FOLKERS</b>		R.R. or street: <b>IUKA-KANS.</b>	
Street address of well location if in city:		City, state, zip code: <b>IUKA-KANS. 66417</b>		6. Bore hole dia. <b>9</b> in. Completion date <b>4/9/76</b> Well depth <b>87</b> ft.	
4. Locate with "X" in section below: Sketch map: <b>IUKA ST</b>		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 <b>RMP</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12"</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>87</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>		10. Screen: Manufacturer's name _____ Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>48</b> Length <b>10'</b> Set between <b>77</b> ft. and <b>87</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/16-1/4"</b>	
5. Type and color of material		From	To	11. Static water level: _____ mo./day/yr. <b>50</b> ft. below land surface Date <b>4/9/76</b>	
<b>DIRT</b>		<b>0</b>	<b>8</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>100</b> g.p.m.	
<b>RED CLAY</b>		<b>8</b>	<b>28</b>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
<b>GREY CLAY</b>		<b>28</b>	<b>63</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> inches above grade	
<b>COARSE GRAVEL</b>		<b>63</b>	<b>87</b>	15. Well grouted? <b>YES</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>15</b> ft.	
(Use a second sheet if needed)				16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>N</b> Type <b>ditch</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Elevation:		19. Remarks:		17. Pump: Manufacturer's name <b>Not installed</b> 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	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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>AAA WATER Well Drilling</b> Business name <b>PEATT KS</b> License No. <b>319</b> Address <b>W.P. Peterson</b> Date <b>4/29/76</b> Signed _____ Authorized representative		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">             T 27 S R 13 E W              Sec 3 NW 1/4 NW 1/4           </div>	

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

Form WWC-5