

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>OSBORNE</b>	Fraction <b>N 1/4 N 1/4 SE 1/4</b>	Section number <b>9</b>	Township number <b>T 7 S</b>	Range number <b>R 14 E/W</b>
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:			
<b>3 E &amp; 1 S, Alton, Kan</b>			<b>Ronald Holling R.R. Alton, Kan</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>2 3/4</b> in. Completion date <b>11-17-75</b> Well depth <b>45</b> ft.	
		<p>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</p> <p>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</p> <p>9. Casing: Material <b>7.5" galv</b> Height: Above 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>15</b> lbs./ft. Dia. <b>1 1/2</b> in. to <b>45</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>7/8</b></p>			10. Screen: Manufacturer's name <b>Johanson</b> <b>Ass Co</b> Type <b>TRANSIT</b> Dia. <b>1 1/2"</b> Slot/gauze <b>3/16</b> Length <b>39</b> Set between <b>6</b> ft. and <b>45</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>4 x 7 1/2</b>	
					5. Type and color of material	
		12. Pumping level below land surfaces: <b>43</b> ft. after <b>6</b> hrs. pumping <b>500</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>500</b> 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 <input type="checkbox"/> 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>6</b> ft.				
		16. Nearest source of possible contamination <b>200</b> ft. <b>1400</b> Direction <b>NE</b> Type <b>STON</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
		17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>hand rolled</b> Model number <b>GM</b> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <b>43</b> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>D.H. Drilling Co 303</b> Business name License No. Address <b>Hill City, Kan</b> Signed <b>Allan Goris</b> Date <b>8-28-76</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

7-748-9  
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 NW/NE/SE

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

Form WWC-5