

Access

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

ADD

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 GRAHAM	Section NE SE SE 1/4 1/4 1/4	Section number 24	Township number T 8 S R 21 E/W	Range number 21
2. Distance and direction from nearest town or city: Street address of well location if in city: 2 1/4 North West DAMAR			3. Owner of well: LARRY GOSSELIN R.R. or street: City, state, zip code: DAMAR KANS 67632			
<input checked="" type="checkbox"/> Locate with "X" in section below: 			Sketch map:			6. Bore hole dia. 9 in. Completion date Well depth 45 ft. 7/25/78
5. Type and color of material			From	To	7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input checked="" 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	
CLAY			0	5	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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
SAND			5	25	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 24 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 300 lbs./ft. Dia. 5 in. to 45 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth <input checked="" type="checkbox"/> No.	
SAND & Shale			25	45	10. Screen: Manufacturer's name None Type _____ Dia. <input checked="" type="checkbox"/> Slot/gauze 1/16 Length 3 Set between <input checked="" type="checkbox"/> 12 ft. and <input checked="" type="checkbox"/> 25 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material CMA	
BROCK 45'					11. Static water level: _____ mo./day/yr. 10 ft. below land surface Date 7/25/78	
10' sat th					12. Pumping level below land surfaces: 10 ft. after 1 hrs. pumping 12 at 25' Pres. g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
115'					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Not in Og					14. Well head completion: <input type="checkbox"/> Pitless adapter 24 Inches above grade	
					15. Well grouted? _____ 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: None ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
					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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: OWNER WILL FINISH WELL TO STATE REQUIREMENTS 1998 (TOPEKA)			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. JONES BROS WATER WELL DRILL 225 Business name _____ License No. _____ Address PLAINVILLE KANS 66225 Signed F. Conner F. Ford Date 7/25/78 Authorized representative	

T 8 S R 21 E/W
Sec 24

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

Form WWC-5

1953