

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>CLAY</b>	Fraction <b>NW 1/4 NW 1/4 SE 1/4</b>	Section number <b>24</b>	Township number T <b>10</b> S R <b>1</b> <span style="float:right;">(EAW)</span>	
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>FRED HEIGELE JR.</b> R.R. or street: City, state, zip code: <b>LONGFORD, KANS 67458</b>		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date Well depth <b>35</b> ft. <b>2/19/76</b>		
			7. <input 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material			9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia. <b>5</b> in. to <b>35</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <b>1607#</b>		
			10. Screen: Manufacturer's name <b>CERTIFIED</b> Type <b>PVC</b> Dia. <b>5"</b> Slot gauze <b>1/16</b> Length <b>20'</b> Set between <b>35</b> ft. and <b>15</b> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>4-5</b>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>23</b> ft. below land surface Date <b>2/19/76</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>12</b> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>2/23/76</b>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: ft. <b>600</b> Direction <b>EAST</b> Type <b>CREEK</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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)			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>Red Cox &amp; Sons Inc</b> Business name _____ License No. _____ Address <b>WILTON, KANS</b> Signed <b>David Cox</b> Date <b>2/23/76</b> Authorized representative		
18. Elevation:  Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>WELL ON CROWN OF HILL IN PASTURE 1/4 MILE FROM BUILDINGS</b>				

T 10 R 10 W 24 N 10 W 1/4 1/4 1/4

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

Form WWC-3