

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 CLAY	Fraction SE 1/4 SE 1/4 NE 1/4	Section number 19	Township number T 10 S R	Range number 4 EW																																	
X Distance and direction from nearest town or city: 4 SOUTH Street address of well location if in city: 1 W - 1/2 W WAKEFIELD			3. Owner of well: DOUGLAS ROOT R.R. or street: ROUTE 1 City, state, zip code: WAKEFIELD, KANS 67487																																			
4. Locate with "X" in section below: <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="text-align: center; margin-right: 10px;"> <p>Sketch map:</p> </div> </div>			6. Bore hole dia. 8 in. Completion date _____ Well depth 130 ft. 3-27-78																																			
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td>LAND FILL</td><td>0</td><td>10</td></tr> <tr><td>LIMESTONE</td><td>10</td><td>12</td></tr> <tr><td>BROWN CLAY</td><td>12</td><td>23</td></tr> <tr><td>RED CLAY</td><td>23</td><td>74</td></tr> <tr><td>BLUE CLAY</td><td>74</td><td>91</td></tr> <tr><td>LIMESTONE</td><td>91</td><td>107</td></tr> <tr><td>BLUE CLAY</td><td>107</td><td>114</td></tr> <tr><td>LIMESTONE</td><td>114</td><td>124</td></tr> <tr><td>BLUE CLAY</td><td>124</td><td>130</td></tr> <tr><td>STOP</td><td>130</td><td></td></tr> </tbody> </table>				From	To	LAND FILL	0	10	LIMESTONE	10	12	BROWN CLAY	12	23	RED CLAY	23	74	BLUE CLAY	74	91	LIMESTONE	91	107	BLUE CLAY	107	114	LIMESTONE	114	124	BLUE CLAY	124	130	STOP	130		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		
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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 PVC 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 3 lbs./ft. Dia. 5 in. to 130 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 1258																																			
10. Screen: Manufacturer's name PUMPED Type PVC Dia. 5 Slot/gauze 1/16 Length 20' Set between 110 ft. and 130 ft. _____ ft. and _____ ft. Gravel pack? YES Size range of material 4x14			11. Static water level: _____ mo./day/yr. 100 ft. below land surface Date 3-27-78																																			
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after N/A hrs. pumping _____ g.p.m. Estimated maximum yield _____ 15 g.p.m.			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																			
14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade			15. Well grouted? YES 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: ft. 300 Direction NORTH Type CREEK Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			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																																			
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks: (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. DARYL COX & SONS INC 359 Business name License No. Address ELFINGTON, KANS 66937 Signed Daryl Cox Date 3-27-78 Authorized representative			T R W E S E C 1/4 1/4 1/4																																			

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

Form WWC-5