

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

*W 1/2 NW NE NW*

1. Location of well:		County <i>Garry</i> <del>GARRY</del>	Fraction <i>NW 1/4 NE 1/4 NW 1/4 W 1/2</i>	Section number <i>31</i>	Township number <i>T 12 S</i>	Range number <i>R 8</i>	<i>066 PM EW</i>
2. Distance and direction from nearest town or city: <i>2.5 S, 13.25 E of SE corner of Juncity City</i>			3. Owner of well: <i>ROBERT WELTY</i> R.R. or street: <i>RI ALTA VISTA HS</i> City, state, zip code: <i>66834</i>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <i>7</i> in. Completion date _____ Well depth <i>57</i> ft. <i>8-29-77</i>		
					7. <input checked="" 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 type="checkbox"/> Reverse rotary		
5. Type and color of material		From	To	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			
<i>Test</i>			<i>0 8</i>	9. Casing: Material _____ Height: <i>Above</i> or below Threaded _____ Welded _____ Surface <i>12</i> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <i>5</i> in. to <i>20</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____			
<i>Hole</i>			<i>8 29</i>	10. Screen: Manufacturer's name <i>Jess &amp; Lowell</i> Type <i>200</i> Dia. <i>5"</i> Slot/gauze <i>1/16"</i> Length <i>20</i> Set between <i>20</i> ft. and <i>40</i> ft. Gravel pack? <i>NO</i> Size range of material _____			
<i>unplugged</i>			<i>29 40</i>	11. Static water level: _____ mo./day/yr. <i>5</i> ft. below land surface Date <i>8-29-77</i>			
<i>customer</i>			<i>40 54</i>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
<i>will</i>			<i>54 57</i>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
<i>complete.</i>				14. Well head completion: <i>not completed</i> <input type="checkbox"/> Pitless adapter _____ Inches above grade			
<i>Clay dirt</i>			<i>0 8</i>	15. Well grouted? <i>yes</i> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>12</i> ft.			
<i>Lime rock Gray</i>			<i>8 28</i>	16. Nearest source of possible contamination: ft. _____ Direction <i>Northwest</i> type <i>late</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Shale Blue</i>			<i>28 40</i>	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			
<i>completed well.</i>				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. <i>L.H. KAUSE</i> <i>156</i> Business name _____ License No. _____ Address <i>COUNCIL GROVE KS</i> Signed <i>L.H. KAUSE</i> Date <i>8-8</i> Authorized representative			
18. Elevation:		19. Remarks:		(Use a second sheet if needed)			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 12 S R 8 W 31 NW NE NW 1/4 1/4 NW

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

Form WWC-5