

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 MARION	Fraction NW/4 NW/4 NW/4	Section number 3	Township number T 21 S R 1	Range number EW
2. Distance and direction from nearest town or city: Street address of well location if in city:		1 1/2 miles East of Goessel, KAS		3. Owner of well: VERNON UOTH R.R. or street: RR # 2 City, state, zip code: NEWTON, Kansas		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 14 in. Completion date 9/14/75 Well depth _____ ft.	
					7. <input checked="" 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	
5. Type and color of material					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 _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 3.22 lbs./ft. Dia. 5 in. to 140 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 226	
					10. Screen: Manufacturer's name CERTIFIED OWN SLOT Type SIGNAL PILE Dia. 5" Slot/gauze 4046B Length _____ Set between 20-40 ft. and 70-90 ft. 120-140 ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-1/4	
					11. Static water level: _____ mo./day/yr. 14 ft. below land surface Date 9/14/75	
					12. Pumping level below land surfaces: _____ ft. after 1 hrs. pumping 2 1/2 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2 1/2 g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter 12" Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 10 ft. to 0 ft.	
					16. Nearest source of possible contamination: ft. 200' Direction NE Type house sewer Well disinfected upon completion? <input 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	
		(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. PAUL'S TAIL #175 Business name _____ License No. _____ Address Box 26 Newton Signed Paul Brubaker Date 9/14/75 Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 21 S R 1 EW

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

Form WWC-5