

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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WATER WELL RECORD  
KSA 82g-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well: <b>Woodson</b>		County: <b>Woodson</b>		Fraction: <b>NW 1/4 NW 1/4 SW 1/4</b>		Section number: <b>14</b>		Township number: <b>T 25 S</b>		Range number: <b>R 15 E/W</b>	
2. Distance and direction from nearest town or city: <b>1/2 MI SO OF</b>						3. Owner of well: <b>F.T. LAIDLAW</b>					
Street address of well location if in city: <b>YATES CENTER</b>						City, state, zip code: <b>YATES CENTER</b>					
4. Locate with "X" in section below:						Sketch map:					
5. Type and color of material						From		To		Bore hole dia. <b>7</b> in. Completion date <b>1/18/81</b>	
TOP SOIL						0		2		Well depth <b>100</b> ft.	
BROWN SAND ROCK						15		24		7. 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 <input type="checkbox"/>	
YELLOW SAND ROCK						24		30		8. Use: 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other <input type="checkbox"/>	
SOAPSTONE						30		40		9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>14</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>9</b> lbs./ft. Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>1284</b>	
GREY SAND ROCK						50		52		10. Screen: Manufacturer's name <b>JESS LOWELL</b> Type <b>PVC</b> Dia. <b>6</b> Slot/gauze <b>1/4</b> Length <b>32</b> Set between <b>18</b> ft. and <b>60</b> ft. ft. and ft. Gravel pack? <input type="checkbox"/> Size range of material	
BROWN SAND ROCK S.O.W.						52		56		11. Static water level: <b>8</b> ft. below land surface Date <b>2/8/81</b> mo./day/yr.	
GREY SHALE						56		85		12. Pumping level below land surfaces: ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <b>4</b> g.p.m.	
DARK SHALE						85		95		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
GREY LIME						95		100		14. Well head completion: Pitless adapter <b>14</b> inches above grade	
										15. Well grouted? <b>YES</b> With: Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>10</b> ft.	
										16. Nearest source of possible contamination: <b>WATER</b> ft. <b>150</b> Direction <b>NORTH</b> Type <b>RAIN</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 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:						19. Remarks: <b>MR LAIDLAW IS GOING TO RUN HIS OWN PUMP HE KNOWS THE RULES</b>					
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						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>CUNNINGGS WELL SERV 312</b> Business name License No. Address <b>TAYLORVILLE MISSISSIPPI</b> Signed <b>Don Cummings</b> Date <b>2/18/81</b> Authorized representative					

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

Form WWC-5