

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

_____ T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

NW 1/4 SW 1/4 SW 1/4 NW 1/4

1 Location of well:	County Butler	Township name Brinsford	Fraction SW 1/4	Section number 14	Town number T 275	Range number R 3 E
Distance and direction from nearest town or city: 4 miles west			3 Owner of well: Nathan Meyer Route 1 Augusta Kans			
Street address of well location if in city: 1/4 north 1/4 Augusta Kans			Address:			
Locate with "X" in section below: 						
Sketch map: 						
4 Well depth: 100 ft. Date of completion Aug 9, 1975 Well diameter 7 in.						
5 <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						
6 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"/> Commercial <input type="checkbox"/> Test well						
7 Casing: Material sunflower plastic Height: above / below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 16 in. Diam. 1.5 in. Weight 1.5 lbs./ft. 10 in. to 10 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7 in. to 60 ft. depth						
8 Screen: sunflower plastic Inc Manufacturer Wichita Kans Type R.P.M. Dia. 6" Slat/gauze 1/8 in. Length 20 ft Set between 80 ft. and 100 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____						
9 Static water level: 75 ft. below land surface Date Aug 9, 1975						
10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 200 g.p.m.						
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____						
12 Well head completion: <input type="checkbox"/> Pitless adapter 16 inches above grade						
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 10 ft. to 0 ft.						
14 Nearest source of possible contamination: ft. 300 Direction East Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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						
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						
17 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. Thurman Wiles 122 Business name _____ License No. _____ Address _____ Signed Thurman Wiles Date Aug 9, 1975 Authorized representative Thurman Wiles						

Forward the white, blue and pink copies to the Kansas State Dept. of Health.

Form WWC-5