

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

5-10-77

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:		County Butler	Township name Hickory	Fraction NW	Section number 35	Town number T2 S	Range number R7 E
2 Distance and direction from nearest town or city:		15 E/1 South		3 Owner of well:	James Bing		
3 Street address of well location if in city:		Augus[ta]		Address:	R1 Leon Kan		
Locate with "X" in section below:							
<p>Sketch map:</p>							
4 Well depth: 150 ft. Date of completion 12/3/75							
<input checked="" type="checkbox"/> 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 cas Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. 9 1/4 Weight 260 lbs./ft. in. to 50 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No in. to ft. depth							
8 Screen: Manufacturer sunflower Type 200 Dia. 6 Slot/gauze 1/16 Length Set between 400 ft. and 150 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material							
9 Static water level: 50 ft. below land surface Date							
10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield 10 g.p.m.							
11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date							
12 Well head completion: <input type="checkbox"/> Pitless adapter 18 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 0 ft. to 10 ft.							
14 Nearest source of possible contamination: ft. 100 Direction NW Type 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 Owner to install cement Slab Around Well							
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. Winter Well Mill 251A Business name 12 Box 30 Address Augus[ta License No. Signed char. winter Date 6/7/76 Authorized representative							

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

Form WWC-5