

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 Cowley Fraction SW 1/4 SW 1/4 SW 1/4 Section number 17 Township number T 30 S R 3 Range number EW	
2. Distance and direction from nearest town or city: 3 N - 1 W Uda II	
3. Owner of well: Bill Phillips R.R. or street: 830 McCandles City, state, zip code: Andover, KS 67230	
4. Locate with "X" in section below: 	
5. Type and color of material	
Gray + Red Clay	From 0 To 80
6. Bore hole dia. 8 in. Completion date 9/29/77 Well depth 80 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	
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 Styrene Height: <input checked="" type="checkbox"/> Above or below Threading: <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight 200 lbs./ft. Dia. 5 in. to 80 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200	
10. Screen: Manufacturer's name Sunflower Type 200 Dia. 5 Slot/gauze slot Length 20 Set between 80 ft. and 70 ft. 50 ft. and 40 ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material 1/4"	
11. Static water level: 30 ft. below land surface Date 9/29/77 mo./day/yr.	
12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 5 g.p.m.	
13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
16. Nearest source of possible contamination: ft. 300 Direction N Type sewer 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	
(Use a second sheet if needed)	
18. Elevation:	19. Remarks:
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. Jet Drilling 313 Business name License No. Address 257 N. Sabin Signed King O. Sanderson Date 9/29/77 Authorized representative

T 30 S R 3 EW 17 SW 1/4 SW 1/4 SW 1/4

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

Form WWC-5