

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

<b>X</b> 1. Location of well:	County <b>Cowley</b>	Fraction <b>1/4 NW 1/4 NW 1/4</b>	Section number <b>19</b>	Township number <b>T 30 S R 3E</b>	Range number <b>E/W</b>
<b>X</b> 2. Distance and direction from nearest town or city: 2 miles West of Udall, 1/2 mile North of Street address of well location if in city: K-15 Hwy. , on the East side of the road	3. Owner of well: <b>Charles Johnson</b> R.R. or street: <b>Rt. #1</b> City, state, zip code: <b>Udall, Kansas</b>				
4. Locate with "X" in section below: Sketch map: <b>Udall, Kansas</b>			6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>95</u> ft. <u>10-20-78</u>		
			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		
5. Type and color of material			9. Casing: Material <u>styrene</u> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>95</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>200</u>		
			10. Screen: Manufacturer's name <u>Sunflower plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot/gauge <u>1/16</u> .06 Length <u>70'</u> Set between <u>25</u> ft. and <u>95</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/2-1/8"</u>		
Topsoil			From	To	11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>10-20-78</u>
Brown clay			0	2	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Light tan clay			2	16	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Light tan shale			16	36	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
Blue shale			36	79	15. Well grouted? <input checked="" type="checkbox"/> yes <u>1-2 fine sand mix</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>6</u> ft. to <u>16</u> ft.
(Use a second sheet if needed)			79	95	16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>None</u> 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:		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.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	Flat ground Septic system not installed at this time No apparent source for contamination Well is to be in the basement		<b>Harp Well &amp; Pump</b> 236 Business name _____ License No. _____ Address <b>Wichita, Kansas</b> 67209 Signed <u>M. Arnold</u> Date <u>10-23-78</u> Authorized representative		

T 30  
 R 30  
 W E  
 19  
 Sec  
 1/4 NW  
 1/4 NW  
 1/4 NW

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

Form WWC-5