


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

WATER WELL RECORD
KSA 82a-1201-1215

30 7E 32 NW 1/4
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 Cowley	Township name HARVEY	Fraction NW 1/4	Section number 32	Town number 30S	Range number 7E
Distance and direction from nearest town or city: 8 mi. NE				3 Owner of well: Walter Smith			
Street address of well location if in city: Bueden				Address: RFD ATLANTA Ks.			
Locate with "X" in section below: 				4 Well depth: 135 ft. Date of completion: 5-31-74 Well diameter 12 in.			
2 Type and color of material				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 <input type="checkbox"/>			
				7 Casing: Material Iron Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 12 in. to 20 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight 250 lbs./ft.			
				8 Screen: Manufacturer Open Hole from 20' Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
				9 Static water level: 70 ft. below land surface Date 5-31-74			
10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1/2 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 <input checked="" type="checkbox"/> 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 18.5 ft.			
14 Nearest source of possible contamination: ft. 250 Direction N 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.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			
16 Remarks: elevation Water sample was sent in by land Topography: owner upon completion & well <input checked="" type="checkbox"/> Hill was treated by owner. Owner <input type="checkbox"/> Slope agreed to run cement base. <input 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. Bailey Drilling 209 Business name _____ License No. _____ Address: Bueden Ks. Signed: Harold Bailey Authorized representative 16/7/5			

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

Form WWC-5