

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 <u>Cowley</u>		Fraction <u>1/4 NW 1/4 SW 1/4</u>	Section number <u>21</u>	Township number T <u>31</u> S	Range number R <u>3</u> E W <u>0</u>
2. Distance and direction from nearest town or city: <u>3 1/2 S. of Udall, Mo.</u>			3. Owner of well: <u>Roger Post</u>		
Street address of well location if in city: <u>Udall, Mo.</u>			R.R. or street: <u>R#1</u>		
City, state, zip code: <u>Udall, Kans.</u>					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>4</u> in. Completion date <u>10-17-75</u>	
				Well depth <u>105</u> 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 <u>Styrene</u> Height: <u>12</u> in. Above or below	
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.	
				Dia. <u>5</u> in. to <u>105</u> ft. depth Wall Thickness: inches or	
				Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Sunflower Plastic</u>	
<u>Topsoil</u>		<u>0</u>	<u>3</u>	Type <u>Styrene</u> Dia. <u>5"</u>	
<u>Sandy Clay</u>		<u>3</u>	<u>18</u>	Slot gauze <u>0.060</u> Length <u>56'</u>	
<u>Clay</u>		<u>18</u>	<u>35</u>	Set between <u>44</u> ft. and <u>105</u> ft.	
<u>Fine Sand</u>		<u>35</u>	<u>46</u>	Gravel pack <u>yes</u> Size range of material <u>1/4-1/8"</u>	
<u>Shale</u>		<u>46</u>	<u>105</u>	11. Static water level: _____ mo./day/yr.	
				<u>35</u> ft. below land surface Date <u>10-17-75</u>	
				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.	
				13. Water sample submitted: _____ mo./day/yr.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
				14. Well head completion: <u>12</u> <u>Capped</u>	
				<input type="checkbox"/> Pitless adapter _____ Inches above grade	
				15. Well grouted? <u>yes</u>	
				With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete	
				Depth: From <u>40'</u> to <u>14</u> ft.	
				16. Nearest source of possible contamination _____	
				ft. <u>30</u> Direction <u>SE</u> Type <u>Septic Tank</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:		(Use a second sheet if needed)		20. Water well contractor's certification:	
19. Remarks:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
Topography:				<u>Shirley Hill Pump 236</u>	
<input type="checkbox"/> Hill				Business _____ License No. _____	
<input checked="" type="checkbox"/> Slope				Address <u>Stichita, Kans.</u>	
<input type="checkbox"/> Upland				Signed <u>M. Arnold</u> Date <u>10-20-75</u>	
<input type="checkbox"/> Valley				Authorized representative	

T 31 S
 R 3 E W 0
 Sec 21 NW 1/4 SW

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

Form WWC-5