

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

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 <b>Cowley</b>	Township name <b>Fairview</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>13</b>	Town number <b>31 S</b>	Range number <b>4 E</b>
Distance and direction from nearest town or city: <b>8 N. - 2 E</b>				3 Owner of well: <b>GRANDVIEW METH. CHURCH</b>			
Street address of well location if in city: <b>WINFIELD</b>				Address: <b>GRANDVIEW METH. CHURCH</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>42</b> ft. Date of completion <b>MARCH 8</b> Well diameter <b>8</b> 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			
2		Type and color of material		From		To	
		Well was cleaned, old galv. casing was pulled - new casing was set to 12' depth + cement grouted to 3' below ground, soil was filled around pitless adapter. Then cement plat form 4' x 4' ran.					
		Well being used for use in church					
						6 Use: <input 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 checked="" type="checkbox"/> Bath + Toilet	
						7 Casing: Material <b>Plastic</b> Weight: <b>above</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>6</b> in. to <b>12</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight <b>250 lbs. test</b>	
						8 Screen: <b>NONE</b> Manufacturer _____ 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: <b>16</b> ft. below land surface Date <b>3-8-76</b>	
						10 Pumping level below land surfaces: <b>No Test made</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>12</b> g.p.m.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
						13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>12</b> ft.	
						14 Nearest source of possible contamination: ft. <b>80</b> Direction <b>No</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>E. &amp; W.</b> Model number <b>3BA6</b> HP <b>1/3</b> Volts <b>230</b> Length of drop pipe <b>34</b> ft. capacity <b>10</b> g.m.p. Type: <input checked="" 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 to be sent in. Samples have been sent in <del>periodically</del> periodically prior to this work. Water used in bath room - No kitchen purpose.				12 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. <b>Bailey Drilling Co</b> <b>209</b> Business name License No. Address: <b>Burden KANS</b> Signed: <b>WE Bailey</b> Date <b>3-28</b> Authorized representative	

W / 4 E 13 NUNN

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

Form WWC-5