

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 NE SE SW 1/4 SE 1/4 SW 1/4 | | Section number 31 | Township number T 31 S | Range number R 4 E |
| 2. Distance and direction from nearest town or city: 4 N of Winfield Street address of well location if in city: 1/2 W of Highway 77 | | Owner of well: RAY KREPPS R.R. or street: 1512 Broadway City, state, zip code: Winfield, KANSAS 67156 | | |
| 3. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Sketch map:</p> </div> <div> <p>Abandoned House</p> <p>Creek</p> <p>well X 100' →</p> </div> </div> | | 6. Bore hole dia. 8 in. Completion date 12-8-77 Well depth 60 ft. | | |
| 5. Type and color of material | | 7. <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 | | |
| | | 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 _____ Height: Above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 3.25 lbs./ft. Dia. 6 in. to 60 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 225 | | |
| | | 10. Screen: Manufacturer's name _____ Type Slot Dia. 10 6/7 Slot/gouze _____ Length 35 FT Set between 25 ft. and 60 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 | | |
| | | 11. Static water level: _____ mo./day/yr. 25 ft. below land surface Date 12-8-77 | | |
| | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 3 g.p.m. | | |
| | | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | | |
| | | 14. Well head completion: _____ 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 15 ft. | | |
| | | 16. Nearest source of possible contamination: ft. 100 Direction E Type Creek 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 _____ Valvs _____ 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 type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | Concrete slab + pump house constructed by owner. | | |
| | | 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. Bailey Drilling Co 209 Business name _____ License No. _____ Address 1512 Broadway, Kan. 67156 Signed Donald E. Bailey Date 12-31-77 Authorized representative | | |

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

Form WWC-5