

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 Cowley	Township name S. Salem	Fraction NE 1/4 NW 1/4 NE 1/4	Section number 10	Town number T 31 S	Range number R 5 E
Distance and direction from nearest town or city: 1 mile East of Wilmot			3 Owner of well: Grace York 910 Wheat Rd Winfield, Kansas 67156			
Street address of well location if in city:			Address:			
Locate with "X" in section below: N W E S 1 Mile		Sketch map: wilmot Trailer House A B C		4 Well depth: 110' ft. Date of completion 3-25-75 Well diameter 10 in.		
2 Type and color of material		From		To		
		Limestone & Clay		Top		19'
		Gray Limestone		20'		27'
		Cream Colored Limestone		28'		38'
		Flint Gravel		39'		43'
		Cream Colored Limestone		44'		61'
		Gray Limestone		62'		70'
		Gray Shale		71'		79'
		Green Shale		80'		88'
		Blueish green clay		89'		95'
Course Limestone		96'		110'		
				8 Screen: Manufacturer No screen installed Type _____ Dia. 0 Pent Hole Slot/gauze 5/16 in Length _____ Set between 40 ft. to 100 ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____		
				9 Static water level: 25' below land surface Date 3-25-75		
				10 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.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: Not completed <input type="checkbox"/> Pitless adapter <input 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 top to 38'		
				14 Nearest source of possible contamination: ft. 200 Direction West Type Cattle 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 NO septic tank or pit privy at time of installation				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. Eastman Drilling 299 Business name _____ License No. _____ Address 1007 E 12 Winfield Kan Signed Phil Eastman Date 4-25 Authorized representative		

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

Form WWC-5