

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

31 SE 10 NW NE T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Cowley	Township name Salem	Fraction NW 1/4 NE 1/4	Section number 10	Town number 315	Range number 5 E	
Distance and direction from nearest town or city: 1/2 E - Wilmot			3 Owner of well: Mrs. Robert York				
Street address of well location if in city: 1/2 S KANS.			Address: 910 Wheat Road - Winfield				
Locate with "X" in section below: N		Sketch map: N		4 Well depth: 100 ft. Date of completion Nov. 7, 74 Well diameter 10 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		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 type="checkbox"/> Surface 18 in. Diam. 8 3/4 in. to 22 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8 Screen: Manufacturer NONE Open Hole Type Smooth 22' Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
2 Type and color of material		From		To		9 Static water level: 55 ft. below land surface Date Nov. 7	
Soil & Shattered lime		0		2		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1 1/2 g.p.m.	
lime - buff		2		16		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
lime grey		16		26		12 Well head completion: Well House <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
lime lite grey		26		38		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 Surface to 22 ft.	
Shale grey		38		66		14 Nearest source of possible contamination: ft. 100 Direction E Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
lime white		66		88		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Pump Co Model number 558 HP 1/2 Volt 220 Length of drop pipe 94 ft. capacity 5 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	
Shale grey		88		96		16 Remarks: elevation Well house was built & cement base was run. Owner agreed to send in water sample	
Shale green		96		98			
Red Rock		98		98		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 Burden KANS. Signed Ronald Bailey Date 8-8-74 Authorized representative	
(use a second sheet if needed)							

31 SE 10 NW SW NE

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

Form WWC-5