

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

31 6E 15 SE SE
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 S.C.	Fraction NE 1/4 SE 1/4	Section number 15	Town number 31S	Range number 6E					
Distance and direction from nearest town or city: 2 1/2 N - Burden				3 Owner of well: K. Shively							
Street address of well location if in city:				Address: PFD 1 Burden							
Locate with "X" in section below: N W E S 1 Mile		Sketch map: <i>DDA</i> <i>75 Tank</i> <i>MOBIT HOME</i> <i>Well</i>		4 Well depth: 108 ft. Date of completion: 10-26-75 Well diameter: 8 in.							
2 Type and color of material		From		To		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 _____ Height <u>above</u> <u>below</u> _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2</u> in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth					
						8 Screen: Manufacturer <u>NONE</u> 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: <u>47</u> ft. below land surface Date 11-25-75					
						10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1</u> g.p.m.					
						11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____					
						12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade					
						13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.					
						14 Nearest source of possible contamination: <u>Gas Station</u> ft. <u>76</u> Direction <u>SW</u> Type <u>TANK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>9579</u> HP <u>1/2</u> Volts <u>110</u> Length of drop pipe <u>160</u> ft. capacity <u>10</u> 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				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. Barley Drilling Co Business name _____ License No. _____ Address <u>Burden, Ks. 209</u> Signed <u>Donald E. Bailey</u> date <u>11-26-75</u> Authorized representative							

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

Form WWC-5