

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 SE 1/4 SE 1/4 NE 1/4	Section number 31	Township number T 31 S R 7	Range number EW
2. Distance and direction from nearest town or city: Street address of well location if in city: 3E, 1/2s Burden, Kansas				3. Owner of well: Norman Firebaugh R.R. or street: Rfd Burden, Kansas 67019 City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: <i>Hill</i> <i>Slope to south</i> <i>250'</i> <i>Septic House Well</i> <i>Stock Well</i> <i>Rock Ledge</i>				6. Bore hole dia. 12 in. Completion date 9-28 Well depth 125 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From To				9. Casing: Material Iron Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 16 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 12 in. to 16 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 1/4		
				10. Screen: Manufacturer's name None Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
Soil				11. Static water level: _____ mo./day/yr. 35 ft. below land surface Date 9-28 77		
Shattered Limestone, buff				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.m.		
Shale, grey, green				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Lime, brown				14. Well head completion: <input type="checkbox"/> Pitless adapter 16 inches above grade		
Shale, grey				15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.		
Lime, grey				16. Nearest source of possible contamination: ft. 200 Direction NE Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Red Rock				17. Pump: Burks Not installed Manufacturer's name Decator Pump Man. Model number 5SN8B HP 1/2 Volts 280 Length of drop pipe 119 ft. capacity 9 g.p.m. 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		
Lime, grey				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. <i>Bailey Drilling Co 209</i> Business name License No. _____ Address <i>Burden Kans 67019</i> Signed <i>Ronald Bailey</i> Date <i>10-15-77</i> Authorized Representative		
Red Rock						
Lime, flinty, grey				18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		
Shale, grey						
T. D. 125 ft.				19. Remarks: /		
(Use a second sheet if needed)						

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

Form WWC-5