

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 <b>Cowley</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>15</b>	Township number <b>T 32 S R 3 E</b>	Range number <b>3</b>
2. Distance and direction from nearest town or city: <b>4 Miles East</b> <b>Of Oxford, Kansas</b> Street address of well location if in city:			3. Owner of well: <b>City of Oxford</b> R.R. or street: <b>Oxford, Kansas</b> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>9</u> in. Completion date <u>11/30/78</u> Well depth <u>37</u> ft.	
5. Type and color of material		From		To	
		Top soil		0 3	
		Tan clay		3 13	
		Tan clay w/fine sand streaks		13 28	
		Coarse sand - fine gravel		28 37	
Shale		37 40		7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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 <u>12</u> " in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>37</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>160#</u>	
				10. Screen: Manufacturer's name <u>Certaineed</u> Type <u>PVC</u> Dia. <u>6</u> " Slot/gauze <u>.06</u> Length <u>10</u> ' Set between <u>27</u> ft. and <u>37</u> ft. Set between _____ ft. and _____ ft. Grovel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8 x 1/4</u>	
				11. Static water level: _____ mo./day/yr. <u>13</u> ft. below land surface Date <u>11/30/78</u>	
				12. 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.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: ft. <u>250</u> Direction <u>SE</u> Type <u>Pesticides</u> 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 _____ 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	
		(Use a second sheet if needed)			
18. Elevation:	19. Remarks:		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. <b>Layne Western Co 102</b> Business name License No. Address <b>Wichita, Kansas</b> Signed <u>Layne G. Knall</u> Date <u>11/15/78</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

T 32 S R 3 E  
 NW 1/4 NW 1/4 NW 1/4

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

Form WWC-5