

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 <u>Cowley</u> Fraction <u>NE 1/4 SE 1/4 NE 1/4</u> Section number <u>23</u> Township number <u>T 32 S R 5</u> Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>7E 5/8 N - Winfield KANSAS</u>	
3. Owner of well: <u>Glynn ALEXANDER</u> R.R. or street: <u>RR 4</u> City, state, zip code: <u>Winfield, KANS. 67156</u>	
4. Locate with "X" in section below: 	
5. Type and color of material	
Soil + sub soil	From 0 To 6
Lime - (brown)	6 16
Lime (grey)	16 88
Shale (dk. grey)	88 97
Red Rock	97 102
Lime (grey)	102 110
TD - 110'	
Dig well is still in use, well protected from surface water.	
MHC	
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Hole was reamed to 12 1/2' to 12" dia. casing set + cemented to top. 5' concrete base run + cement block well house constructed.</u>
6. Bore hole dia. <u>8</u> in. Completion date <u>MAY 22 1977</u> Well depth <u>110</u> ft.	
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 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: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC <u>1120</u> Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>38 1120</u>	
10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
11. Static water level: _____ mo./day/yr. <u>28</u> ft. below land surface Date <u>MAY 22 - 77</u>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.h.	
13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>JUNE 8 77</u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade	
15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Benmixite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>125</u> ft.	
16. Nearest source of possible contamination: ft. <u>90'</u> Direction <u>NE</u> Type <u>Dug Well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: _____ Not installed Manufacturer's name <u>F+W</u> Model number <u>5BAR</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>100</u> ft. capacity <u>10</u> 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	
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. <u>Bailey Drilling Co 209</u> Business name _____ License No. _____ Address <u>Box 192 Burden, KS</u> Signed <u>Ronald Bailey</u> Date <u>6-12-77</u> Authorized representative	

T 32 S R 5 EW
 NE SE NE
 1/4 1/4 1/4

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

Form WWC-5