

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

32 SE 26 NW 5E  
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 <b>Cowley</b>		Township name		Fraction <b>NW 1/4 SW 1/4</b>		Section number <b>26</b>		Town number <b>32 S</b>		Range number <b>5 E</b>	
Distance and direction from nearest town or city: <b>6E 5/8 S - Winfield</b>						3 Owner of well: <b>Lyle Miller</b> Address: <b>RFD 4 Winfield</b>					
Locate with "X" in section below: N W E S 1 Mile						Sketch map x-well House Fuel TANK Shed MARK SIGN					
2 Type and color of material						From		To			
Well was cleaned out to original depth of 109ft - & cased with PVC to 38 1/2 ft - & cemented from 38ft to floor of pump house.											
								4 Well depth: <b>109</b> ft. Date of completion <b>11-17-75</b> Well diameter <b>8</b> 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 <b>PVC</b> Height: <b>above ground</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>6</b> in. to <b>40</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>6</b> in. to <b>40</b> ft. depth			
								8 Screen: Manufacturer <b>NONE</b> Type <b>---</b> Dia. <b>---</b> Slot/gauze <b>---</b> Length <b>---</b> Set between <b>---</b> ft. and <b>---</b> ft. <b>---</b> Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>---</b>			
								9 Static water level: <b>38</b> ft. below land surface Date <b>---</b>			
								10 Pumping level below land surfaces: <b>---</b> ft. after <b>---</b> hrs. pumping <b>---</b> g.p.m. <b>---</b> ft. after <b>---</b> hrs. pumping <b>---</b> g.p.m. Estimated maximum yield <b>1/2</b> g.p.m.			
								11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>---</b>			
								12 Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade			
								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 <b>0</b> ft. to <b>38</b> ft.			
								14 Nearest source of possible contamination: <b>0</b> ft. <b>150</b> Direction <b>SW</b> Type <b>TANK</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
								15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Aermotor (Rod)</b> Model number <b>---</b> HP <b>---</b> Volts <b>110</b> Length of drop pipe <b>105</b> ft. capacity <b>3</b> g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
16 Remarks: elevation								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. <b>Bailey Drilling Co 209</b> Business name License No. Address <b>Burden, Kan</b> Signed <b>Alonzo Bailey</b> Date <b>11-26-75</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley											

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

Form WWC-5