

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

WATER WELL RECORD  
KSA 82a-1201-1215

32 6E 34 NWSE NWSW  
T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

NWSE NWSW

1 Location of well:		County <b>COWLEY</b>	Township name <b>Sheridan</b>	Fraction <b>SE 1/4, NW 1/4</b>	Section number <b>34</b>	Town number <b>325</b>	Range number <b>6E</b>
Distance and direction from nearest town or city: <b>7 mi S.W.</b>				3 Owner of well: <b>P. Wilson</b>			
Street address of well location if in city: <b>1 W 6.75 S of Burden</b>				Address: <b>RFD Burden, KANS. 67019</b>			
Locate with "X" in section below: N W E S 1 Mile				Sketch map: House X well 60' old well deep			
2 Type and color of material				From	To	4 Well depth: <b>108</b> ft. Date of completion <b>2/16/75</b> Well diameter <b>12</b> in.	
<b>Soil-</b>				<b>0</b>	<b>4</b>	5 <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	
<b>Lime, - buff</b>				<b>4</b>	<b>23</b>	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"/>	
<b>Shale; grey-lite</b>				<b>23</b>	<b>28</b>	7 Casing: Material <b>Iron</b> Height: <b>above</b> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>78</b> in. Diam. <b>12</b> in. to <b>18</b> in. Weight <b>100</b> lbs./ft. ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Lime, grey</b>				<b>28</b>	<b>76</b>	8 Screen: <b>open hole from 18'</b> Manufacturer _____ Dia. _____ Type _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
<b>Shale grey-dark</b>				<b>76</b>	<b>78</b>	9 Static water level: <b>29</b> ft. below land surface Date <b>2-14-75</b>	
<b>Lime grey</b>				<b>78</b>	<b>83</b>	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>3</b> g.p.m.	
<b>Shale-blue</b>				<b>83</b>	<b>86</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
<b>Red Rock</b>				<b>86</b>	<b>98</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <b>24"</b> <input checked="" type="checkbox"/> Inches above grade	
<b>Lime grey</b>				<b>98</b>	<b>108</b>	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>12</b> ft.	
<b>old well not plugged</b>						14 Nearest source of possible contamination: <b>interceptor</b> ft. <b>200</b> Direction <b>W</b> Type <b>septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)						15 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	
16 Remarks: elevation <b>Well was to be cemented &amp; base run by owner. Owner was to send in water sample.</b>				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>Briley Shillingo 2091</b> business name _____ License No. _____ Address <b>147</b> _____ Signed <b>Donald D. Bailey</b> date <b>2-7-75</b> Authorized representative			

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

Form WWC-5