

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: <b>WELL No 2</b>		County <b>COWLEY</b>	Fraction <b>NW 1/4 NE 1/4</b>	Section number <b>11</b>	Township number <b>T 33 S R 3 E/W</b>	Range number <b>3</b>		
2. Distance and direction from nearest town or city: <b>4 miles west</b> Street address of well location if in city: <b>4 1/2 miles south of Winfield, Kansas</b>			3. Owner of well: <b>LESTER PRIEST</b> R.R. or street: <b>3</b> City, state, zip code: <b>WINFIELD, KANSAS 67156</b>					
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			6. Bore hole dia. <b>3 1/2</b> in. Completion date <b>6-9-79</b> Well depth <b>44</b> ft.		
5. Type and color of material			From	To	7. <input 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 checked="" type="checkbox"/> Reverse rotary			
Soil & Clay			1	27	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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			
Very Fine Sand			28	33	9. Casing: Material <b>STEEL</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>30</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>12 3/4</b> in. to <b>36</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>219</b>			
Medium Sand			34	36	10. Screen: Manufacturer's name <b>DOERR METALS</b> <b>LARNED KANS.</b> Type <b>ARMCO INGT IRON</b> Dia. <b>12 3/4</b> " Slot/_____ Length <b>8</b> " Set between <b>30</b> ' ft. and <b>44</b> ' ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>COARSE SAND</b>			
Medium to Coarse Sand			37	44	11. Static water level: _____ mo./day/yr. <b>29</b> ft. below land surface Date <b>6-11-79</b>			
Shale				44	12. Pumping level below land surfaces: <b>39' 6"</b> ft. after <b>9</b> hrs. pumping <b>160</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>225</b> g.p.m.			
					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>30</b> " Inches above grade			
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>1</b> ft. to <b>10</b> ft.			
					16. Nearest source of possible contamination: ft. <b>2640</b> Direction <b>EAST</b> Type <b>SHEEP PENS</b> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
					17. Pump: _____ Not installed Manufacturer's name <b>WESTERN MID ROCK</b> Model number _____ HP <b>15</b> Volts <b>440</b> Length of drop pipe <b>43</b> ft. capacity <b>160</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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>HUNT DRILLING CO</b> Business name _____ License No. <b>249</b> Address <b>ARKANSAS CITY, KS</b> Signed <b>Walter R Hunt</b> Date <b>6-11-79</b> Authorized representative			

33  
 11  
 30  
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 79