

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

WATER WELL RECORD  
KSA 82o-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>SW 1/4 SW 1/4 SW 1/4</b> Section number <b>24</b> Township number <b>T 34 S R 3 E/N</b> Range number	
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1103 N. 14th St</b>	
3. Owner of well: <b>GUY BRITTAN</b> or street: <b>1103 N. 14th St</b> City, state, zip code: <b>ARKANSAS CITY, KANS.</b>	
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Sketch map:</p> <p><del>1st 8.0000 acre, Lot 15 &amp; 2</del> <b>Summit add Block 2 &amp; Lot 25</b></p> </div> <div> </div> </div>	
5. Type and color of material	
	From To
<i>Fine Sand</i>	1' 12'
<i>Clay</i>	13' 27'
<i>Medium Sand</i>	28' 33'
<i>Hard Clay</i>	34'
(Use a second sheet if needed)	
6. Bore hole dia. <b>8"</b> in. Completion date <b>4-30-81</b> Well depth <b>34</b> ft.	
7. 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 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 checked="" type="checkbox"/> Low <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>50</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>SDR 21</b>	
10. Screen: Manufacturer's name <b>RUTH-BERRY</b> Type <b>FILTER PAK</b> Dia. <b>4"</b> Slot/gauze <b>SCREEN</b> Length <b>4'</b> Set between <b>30</b> ft. and <b>34</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>COARSE SAND</b>	
11. Static water level: _____ mo./day/yr. <b>24</b> ft. below land surface Date <b>4-30-81</b>	
12. Pumping level below land surfaces: <b>NOT PUMPED</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</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>12</b> inches above grade	
15. Well grouted? <b>Puddled Clay</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.	
16. Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <b>Well to be used only for yard &amp; garden irrigation.</b>
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. 249</b> Business name _____ License No. _____ Address <b>R # 2 ARKANSAS CITY</b> Signed <b>Walter A Hunt</b> Date <b>4-15</b> Authorized representative	

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

Form WWC-5

-81  
 -34  
 -3  
 -0  
 -W  
 -24  
 -SW  
 Sec  
 1/4  
 1/4  
 1/4