

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 WASHINGTON	Fraction SW 1/4 SE 1/4 NE 1/4	Section number 14	Township number T 3 S R 2	Range number 2
2. Distance and direction from nearest town or city: 3-5 1/2 W			3. Owner of well: FLOYD ELDER			
Street address of well location if in city: 45 MORROWVILLE			R.R. or street: RT 1			
			City, state, zip code: MORROWVILLE, KANS 66958			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 8 in. Completion date _____	
					Well depth 240 ft. 9-26-78	
					7. <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	
5. Type and color of material					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 PVC Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 3 lbs./ft. Dia. 5 in. to 240 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 258	
					10. Screen: Manufacturer's name _____ PUMPER Type PLC Dia. 5" Slot/gauze 1/4 Length 30' Set between 220 ft. and 240 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material 18x14	
					11. Static water level: _____ mo./day/yr. 120 ft. below land surface Date 9-26-78	
					12. Pumping level below land surfaces: _____ ft. after NA hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
					16. Nearest source of possible contamination: ft. 300 Direction SE Type LOTS Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					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: 20		19. Remarks: STOP 240			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. DARYL Cox + SONS INC. 359 Business name License No. _____ Address CLIFTON KANS 66937 Signed Nov 14 10-1-78 Date 10-1-78 Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 3 S R 2
 Sec 14
 SW 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