

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 <u>Washington</u> Fraction <u>NE 1/4 SE 1/4 SE 1/4</u> Section number <u>4</u> Township number <u>T 3 S</u> Range number <u>R 3 E/W</u>	
2. Distance and direction from nearest town or city: <u>1 1/2 W 1/4 N</u> Street address of well location if in city: <u>of Washington</u>	
3. Owner of well: <u>Charles Matthers</u> R.R. or street: City, state, zip code: <u>Washington, Kansas 66968</u>	
4. Locate with "X" in section below: Sketch map: <div style="text-align: center;"> </div>	
5. Type and color of material	
	From To
<u>clay</u>	<u>0 6</u>
<u>sand rock</u>	<u>6 15</u>
<u>clay</u>	
<u>top soil</u>	<u>0 6</u>
<u>clay</u>	<u>6 15</u>
<u>sand rock</u>	<u>15 26</u>
<u>clay</u>	<u>26 28</u>
<u>sand rock + clay</u>	<u>28 40</u>
<u>soft sand rock</u>	<u>40 58</u>
<u>blue clay</u>	<u>58 60</u>
(Use a second sheet if needed)	
18. Elevation: <u>1337 ft</u>	19. Remarks:
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>Cox-Beswick</u> 361 Business name License No. Address <u>Clyston Kansas</u> Signed <u>Francis Cox</u> Date <u>7-3</u> Authorized representative

6. Bore hole dia. <u>8</u> in. Completion date <u>6-3-78</u> Well depth <u>60</u> ft.
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
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 <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth gage No. <u>258</u>
10. Screen: Manufacturer's name <u>Pumper Supply</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauge <u>1/16"</u> Length <u>10</u> Set between <u>50</u> ft. and <u>60</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <u>1/8-1/4</u>
11. Static water level: <u>28</u> ft. below land surface Date <u>6-3-78</u> mo./day/yr.
12. Pumping level below land surfaces: <u>50</u> ft. after <u>1</u> hrs. pumping <u>40</u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>60</u> g.p.m.
13. Water sample submitted: <u>   </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>   </u>
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> 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 <u>0</u> ft. to <u>10</u> ft.
16. Nearest source of possible contamination: <u>NONE</u> ft. <u>   </u> Direction <u>   </u> Type <u>   </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>   </u> Model number <u>   </u> HP <u>   </u> Volts <u>   </u> Length of drop pipe <u>   </u> ft. capacity <u>   </u> 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

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

Form WWC-5