

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 NE 1/4 NE 1/4 SE 1/4 Section number 14 Township number T 4 S R 2 Range number 2 ①	
2. Distance and direction from nearest town or city: 4 WEST Street address of well location if in city: 1/2 N - LINN	
3. Owner of well: HARVEY HERRS R.R. or street: ROUTE #2 City, state, zip code: LINN KANSAS 666953	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> </div>	
6. Bore hole dia. 8 in. Completion date 1/27/77 Well depth 40 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 PVC Height 0 Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 3 lbs./ft. Dia. 5 in. to 40 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gauge No. 258	
5. Type and color of material	
	From To
TOPSOIL	0 3
BROWN CLAY	3 5
SANDROCK	5 32
BLUE CLAY	32 38
BLUE SHALE	38 40
STOP	40
10. Screen: Manufacturer's name PUMPCO Type PVC Dia. 5" <input checked="" type="checkbox"/> Gauze 1/16 Length 20' Set between 20 ft. and 40 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? YES Size range of material 18x14	
11. Static water level: <input type="checkbox"/> mo./day/yr. 10 ft. below land surface Date 1/27/77	
12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 20 g.p.m.	
13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade	
15. Well grouted? 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: HOG HOUSE ft. 75 Direction SOUTH Type HOUSE 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	
(Use a second sheet if needed)	
18. Elevation: 1425 Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input 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. GEO COX & SONS INC 258 Business name License No. _____ Address CLIFTON KANSAS 666937 Signed Clayton Cox date 1/27/77 Authorized representative	

T 4 S R 2 W ①
 L 4 SE NE SE
 1/4 1/4 1/4

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

Form WWC-5