

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 <i>Washington</i>	Fraction <i>SW 1/4 NW 1/4 SE 1/4</i>	Section number <i>24</i>	Township number T <i>4</i> S R <i>2</i> (E/W)	
2. Distance and direction from nearest town or city: Street address of well location if in city:	<i>3 W of Linn, Ks</i>		3. Owner of well: <i>Harvey Hens</i> R.R. or street: <i>#1</i> City, state, zip code: <i>Linn, Ks 66953</i>		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <i>20</i> in. Completion date _____ Well depth <i>142</i> ft. <i>9-13-77</i>		
5. Type and color of material	From	To	7. <input 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		
<i>top soil + clay</i>	<i>0</i>	<i>12</i>	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		
<i>sand</i>	<i>12</i>	<i>15</i>	9. Casing: Material <i>AC</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <i>24</i> lbs./ft.		
<i>clay</i>	<i>15</i>	<i>50</i>	Dia. <i>12</i> in. to <i>142</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>314</i>		
<i>sand rock</i>	<i>50</i>	<i>87</i>	10. Screen: Manufacturer's name <i>Johnson</i> <i>Concrete</i> Type <i>transite</i> Dia. <i>12</i> Slot/gauze <i>1/8</i> Length <i>39</i> Set between <i>103</i> ft. and <i>142</i> ft. _____ ft. and _____ ft.		
<i>brown clay</i>	<i>87</i>	<i>107</i>	Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <i>1/8-1/4</i>		
<i>sand rock with clay layers</i>	<i>107</i>	<i>113</i>	11. Static water level: _____ mo./day/yr. <i>51</i> ft. below land surface Date <i>12-15-77</i>		
<i>sand rock</i>	<i>113</i>	<i>142</i>	12. Pumping level below land surfaces: <i>135</i> ft. after <i>1</i> hrs. pumping <i>260</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
<i>gray clay</i>	<i>142</i>	<i>145</i>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
<i>blue shale</i>	<i>145</i>	<i>160</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> YES With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.		
			16. Nearest source of possible contamination: <i>None</i> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			17. Pump: Manufacturer's name _____ Not installed Model number <i>6M</i> HP <i>50</i> Volts _____ Length of drop pipe <i>139</i> ft. capacity <i>400</i> 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		
18. Elevation: <i>1400'</i>	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. <i>Geo. Cox & Sons Inc 258</i> Business name _____ License No. _____ Address <i>Clepton Kansas</i> Signed <i>Francis Cox</i> Date <i>12-15</i> Authorized representative		

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Form WWC-5