

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 SE 1/4 SW 1/4 SW 1/4	Section number 36	Township number T 5 S R 1	Range number QW				
2. Distance and direction from nearest town or city: EAST EDGE Street address of well location if in city: CLIFTON			3. Owner of well: DENNIS CHAPUT R.R. or street: City, state, zip code: CLIFTON, KANS 66937						
4. Locate with "X" in section below: N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> E S 1 Mile			NW	NE	SW	SE	Sketch map: 1 Mile		
NW	NE								
SW	SE								
5. Type and color of material			6. Bore hole dia. 8 in. Completion date 4-11-79 Well depth 76 ft.						
			7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary						
8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other			9. Casing: Material PVC Height Above or below Threaded ☐ Welded ☒ Surface 12 in. RMP ☐ PVC ☒ Weight 3 lbs./ft. Dia. 5 in. to 76 ft. depth Wall Thickness: inches or Dia. ☐ in. to ☐ ft. depth Page No. 258						
			10. Screen: Manufacturer's name PUMFLO Type PVC Dia. 5" Slot/gauze 1/16 Length 20' Set between 56 ft. and 76 ft. ft. and ft. Gravel pack? ☒ Size range of material 19x24						
11. Static water level: 50 ft. below land surface Date 4-11-79 mo./day/yr.			12. Pumping level below land surfaces: ft. after N/A hrs. pumping g.p.m. ft. after N/A hrs. pumping g.p.m. Estimated maximum yield 20 g.p.m.						
			13. Water sample submitted: Yes ☒ No ☐ Date 4-11-79 mo./day/yr.						
14. Well head completion: Pitless adapter 12 Inches above grade			15. Well grouted? YES With: ☒ Neat cement ☐ Bentonite ☐ Concrete Depth: From 4 ft. to 14 ft.						
			16. Nearest source of possible contamination: SOLID ft. 200 Direction SOUTH Type SEWER Well disinfected upon completion? ☒ Yes ☐ No						
17. Pump: ☒ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other			18. Elevation: 1280 Topography: ☐ Hill ☐ Slope ☒ Upland ☐ Valley						
			19. Remarks: (Use a second sheet if needed)						
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 Daryl Cox Date _____ Authorized representative			T R W Sec 5 1 36 SE 5454 1/4 1/4 1/4						

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

Form WWC-5