

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 <u>Clay</u>	Fraction <u>NE 1/4 SW 1/4 NW 1/4</u>	Section number <u>1</u>	Township number <u>T 6 S R 1 E</u>	Range number <u>1 E</u>
2. Distance and direction from nearest town or city:	<u>SE corner of Clifton</u>		3. Owner of well:	<u>Lindy Knottger</u>	
Street address of well location if in city:			R.R. or street:		
			City, state, zip code:	<u>Clifton, Kansas 66937</u>	
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. <u>3.2</u> in.	Completion date <u>4-6-79</u>	
			Well depth <u>106</u> ft.		
			7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
			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		
			9. Casing: Material <u>AC</u>	Height: Above or below	
			Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in.		
			RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>34</u> lbs./ft.		
			Dia. <u>16</u> in. to <u>66</u> ft. depth	Wall Thickness: inches or	
			Dia. <u>3/4</u> in. to <u>66</u> ft. depth	Gage No. <u>34</u>	
5. Type and color of material	From	To	10. Screen: Manufacturer's name <u>Johnson Casing Co.</u>		
<u>top soil + clay</u>	<u>0</u>	<u>25</u>	Type <u>Mannite</u> Dia. <u>16</u>		
<u>fine sand</u>	<u>25</u>	<u>30</u>	Slot/gauze <u>18</u> Length <u>39</u>		
<u>clay</u>	<u>30</u>	<u>40</u>	Set between <u>27</u> ft. and <u>53</u> ft.		
<u>sand</u>	<u>40</u>	<u>45</u>	<u>53</u> ft. and <u>66</u> ft.		
<u>gravel</u>	<u>45</u>	<u>65</u>	Gravel pack? <u>YES</u> Size range of material <u>1/4-1/2</u>		
<u>shale</u>	<u>65</u>	<u>66</u>			
			11. Static water level: <u>30</u> ft. below land surface Date <u>12-29-78</u>		
			12. Pumping level below land surfaces:		
			<u>60</u> ft. after <u>1</u> hrs. pumping <u>1000</u> g.p.m.		
			<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.		
			Estimated maximum yield <u>1100</u> g.p.m.		
			13. Water sample submitted: <u> </u> mo./day/yr.		
			<u> </u> Yes <input checked="" type="checkbox"/> No <u> </u> Date <u> </u>		
			14. Well head completion:		
			<u> </u> Pitless adapter <u>18</u> inches above grade		
			15. Well grouted? <u>YES</u>		
			With: <u> </u> Neat cement <input checked="" type="checkbox"/> Bentonite <u> </u> Concrete <u> </u>		
			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? <u> </u> Yes <input checked="" type="checkbox"/> No <u> </u>		
			17. Pump:		
			Manufacturer's name <u>WLR</u> Not installed		
			Model number <u>8M</u> HP <u>40</u> Volts <u> </u>		
			Length of drop pipe <u>63</u> ft. capacity <u>1000</u> 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:	19. Remarks: <u>Pump ordered but not installed yet</u>		20. Water well contractor's certification:		
Topography:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill			<u>Cox-Beauregard</u> <u>361</u>		
<input type="checkbox"/> Slope			Business name <u>Clifton, Kansas</u> License No. <u>66937</u>		
<input type="checkbox"/> Upland			Address <u>Clifton, Kansas</u>		
<input checked="" type="checkbox"/> Valley			Signed <u>Thomas Cox</u> Date <u>4-6-79</u>		
			Authorized representative		

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

Form WWC-5