

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>Clay</u>	Fraction <u>SW 1/4 NE 1/4 SW 1/4</u>	Section number <u>3</u>	Township number <u>7</u> S	Range number <u>2</u> <u>EW</u>
2. Distance and direction from nearest town or city: <u>1/2 N</u> Street address of well location if in city: <u>Morganville</u>				3. Owner of well: <u>Alvin Kirk</u> R.R. or street: <u>#5</u> City, state, zip code: <u>Clay Center, Ks 67432</u>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>32</u> in. Completion date <u>7-8-77</u> Well depth <u>68</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>68</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>68</u> ft. depth <u>gauge No. 34</u>		
5. Type and color of material				From	To	10. Screen: Manufacturer's name <u>Johnson</u>
<u>top soil + clay</u>				<u>0</u>	<u>29</u>	Type <u>transite</u> Dia. <u>16</u>
<u>sand</u>				<u>29</u>	<u>33</u>	Slot/gauge <u>1/8</u> Length <u>26</u>
<u>sand + gravel</u>				<u>33</u>	<u>38</u>	Set between <u>42</u> ft. and <u>68</u> ft.
<u>good gravel</u>				<u>38</u>	<u>68</u>	Gravel pack? <u>YES</u> Size range of material <u>1/2-1/4</u>
						11. Static water level: <u>24</u> ft. below land surface Date <u>7-8-77</u>
						12. Pumping level below land surfaces: <u>30</u> ft. after <u>1</u> hrs. pumping <u>1250</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>2000</u> g.p.m.
						13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade
						15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
						16. Nearest source of possible contamination: <u>NONE</u> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>WTR</u> Model number <u>8M</u> HP <u>50</u> Volts ____ Length of drop pipe <u>65</u> ft. capacity <u>1200</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
(Use a second sheet if needed)						
18. Elevation:		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. <u>For box + long line 258</u> Business name <u>Clifton Kansas</u> License No. ____ Address <u>Francis box</u> Date <u>7-8-77</u> Signed <u>Francis box</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

7-2-77
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SWNE SW
1/4 1/4 1/4 1/4

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

Form WWC-5