

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>NW 1/4 NW 1/4 NW 1/4</u>	Section number <u>4</u>	Township number <u>T 7 S</u>	Range number <u>R 2 E W</u>
2. Distance and direction from nearest town or city: <u>1/2 N of west edge of Morganville</u>		3. Owner of well: <u>Longford Mill Products, Inc</u> R.R. or street: <u>Clay Center, Kansas 67432</u> City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>32</u> in. Completion date <u>7-19-76</u> Well depth <u>62</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 <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>34</u> lbs./ft. Dia. <u>1 1/2</u> in. to <u>62</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Log No. <u>74</u>			
10. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Johnson</u> <u>Concrete</u> Type <u>Transit</u> Dia. <u>16"</u> Slot/groove <u>1/8"</u> Length <u>26'</u> Set between <u>36</u> ft. and <u>62</u> ft. ft. and <u>62</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/8" - 1/4"</u>	
<u>Clay</u>		<u>0</u>	<u>15</u>		
<u>Sand</u>		<u>15</u>	<u>23</u>		
<u>Gravel</u>		<u>23</u>	<u>62</u>		
				11. Static water level: <u>15</u> ft. below land surface Date <u>7-19-76</u>	
				12. Pumping level below land surfaces: <u>55</u> ft. after <u>1/2</u> hrs. pumping <u>1300</u> g.p.m. ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>2000</u> g.p.m.	
				13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</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: ft. <u>900'</u> Direction <u>W</u> Type <u>River</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: <u>Not installed</u> Manufacturer's name <u>WLR</u> Model number <u>8M</u> HP <u>60</u> Volts <u> </u> Length of drop pipe <u>55</u> ft. capacity <u>800</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>GEO COX & SONS, INC 258</u> Business name <u>CLIFTON KANSAS 66937</u> License No. <u> </u> Address <u> </u> Signed <u>Francis Cox</u> Date <u>7-27-76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

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

Form WWC-5