

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 NW 1/4 SE 1/4</u>	Section number <u>23</u>	Township number T <u>7</u> S R <u>2</u> <u>EW</u>
2. Distance and direction from nearest town or city: <u>1 W - 3 N - 1/2 W</u>		3. Owner of well: <u>Mike Peterson</u>			
Street address of well location if in city: <u>of Clay Center</u>		R.R. or street: <u>RR #1</u> City, state, zip code: <u>Clay Center 67432</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>20</u> in. Completion date <u>6-2-76</u> Well depth <u>70</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>16</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>70</u> ft. depth gage No. <u>3/4</u>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Johnson</u> <u>Concrete</u> Type <u>Transite</u> Dia. <u>16"</u> Slot/gauze <u>1/8"</u> Length <u>26'</u> Set between <u>44</u> ft. and <u>70</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/2 - 3/4"</u>	
<u>top soil + clay</u>		<u>0</u>	<u>22</u>	11. Static water level: <u>26</u> ft. below land surface Date <u>5-6-76</u> mo./day/yr.	
<u>sand + gravel</u>		<u>22</u>	<u>27</u>	12. Pumping level below land surfaces: <u>47</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>2500</u> g.p.m.	
<u>gravel</u>		<u>27</u>	<u>34</u>	13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>	
<u>good gravel</u>		<u>34</u>	<u>41</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
<u>fair gravel</u>		<u>41</u>	<u>44</u>	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.	
<u>real good gravel</u>		<u>44</u>	<u>50</u>	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>W</u> Type <u>CREEK</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>fair gravel</u>		<u>50</u>	<u>52</u>	17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>WLR</u> Model number <u>FM</u> HP <u>40</u> Volts <u> </u> Length of drop pipe <u>63</u> ft. capacity <u>1700</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	
<u>sand</u>		<u>52</u>	<u>54</u>		
<u>gravel</u>		<u>54</u>	<u>60</u>		
<u>clay</u>		<u>60</u>	<u>63</u>		
<u>gravel</u>		<u>63</u>	<u>69</u>		
<u>shale</u>		<u>69</u>			
(Use a second sheet if needed)					
18. Elevation:	19. Remarks: <u>Corrected report sent in earlier after grouting done by Peterson according to required recommendations</u>			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>Bo Cox Long Inc</u> <u>258</u> Business name <u>Clifton Eugene</u> License No. <u> </u> Address <u> </u> Signed <u>Thomas Lee</u> Date <u>6-2-</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