

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 <i>Clay</i>	Fraction <i>NE 1/4 NW 1/4 SE 1/4</i>	Section number <i>26</i>	Township number T <i>7</i> S R <i>2</i> <i>EW</i>
2. Distance and direction from nearest town or city: <i>1 W - 2 1/4 N</i>			3. Owner of well: <i>Larry Thomas</i>		
Street address of well location if in city: <i>of Clay Center</i>			R.R. or street: <i>#4</i> City, state, zip code: <i>Clay Center, Ks 67432</i>		
4. Locate with "X" in section below:		Sketch map:			
		6. Bore hole dia. <i>32</i> in. Completion date _____ Well depth <i>63</i> ft. 5-22-76 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 <i>AC</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <i>34</i> lbs./ft. Dia. <i>16</i> in. to <i>63</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>3/4</i>			
5. Type and color of material		From	To	10. Screen: Manufacturer's name <i>Johnson</i>	
<i>top soil + clay</i>		<i>0</i>	<i>27</i>	Type <i>Transite</i> Dia. <i>16</i>	
<i>fair gravel</i>		<i>27</i>	<i>39</i>	Slot/gauge <i>1/8"</i> Length <i>26</i>	
<i>good gravel</i>		<i>39</i>	<i>58</i>	Set between <i>37</i> ft. and <i>63</i> ft.	
<i>sand + gravel</i>		<i>58</i>	<i>64</i>	Gravel pack? <i>YES</i> Size range of material <i>1/8-1/4</i>	
<i>sand + clay</i>		<i>64</i>	<i>72</i>	11. Static water level: _____ mo./day/yr. <i>28</i> ft. below land surface Date <i>5-15-76</i>	
<i>shale</i>		<i>72</i>		12. Pumping level below land surfaces: <i>57</i> ft. after <i>1</i> hrs. pumping <i>885</i> g.p.m. ____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>950</i> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade	
				15. Well grouted? <i>YES</i> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
				16. Nearest source of possible contamination: ft. <i>80</i> Direction <i>W</i> Type <i>creek</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <i>WLR</i> Model number <i>8M</i> HP <i>40</i> Volts _____ Length of drop pipe <i>60</i> ft. capacity <i>1000</i> 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. <i>Geo Lov + Sons, Inc 258</i> Business name _____ License No. _____ Address <i>Clifton, Kansas</i> Signed <i>Francis Cox</i> Date <i>5-22-76</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

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1/4 1/4 7/4

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

Form WWC-5