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 CLAY	Fraction NW 1/4 NW 1/4 SW 1/4	Section number 30	Township number T 8 S	Range number R 1 E/W

2. Distance and direction from nearest town or city: 5 E - 1/2 S

Street address of well location if in city: MILTONVALE

3. Owner of well: GLEN GENTRY

R.R. or street: CLAY CENTER

City, state, zip code: KANSAS 67432

4. Locate with "X" in section below: Sketch map:

N

NW | NE
W | E
SW | SE

S

1 Mile

5. Type and color of material

5. Type and color of material	From	To
TOPSOIL	0	2
BROWN CLAY	2	8
SANDROCK	8	24
BROWN CLAY	24	28
GRAY CLAY	38	55
BROWN CLAY	55	76
SANDROCK	76	121
STOP	121	
(Use a second sheet if needed)		

6. Bore hole dia. 8 in. Completion date
Well depth 124 ft. 5/2/77

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rad __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded ____ Welded X Surface 12 in.
RMP____ PVC X Weight 7 lbs./ft.
Dia 5 in. to 124 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. 1258

10. Screen: Manufacturer's name PUMPCO
Type PVC Dia. 5
Slot/gauze 1/16 Length 20'
Set between 101 ft. and 121 ft.
____ ft. and ____ ft.
Gravel pack? YES Size range of material 1/16 1/4

11. Static water level: mo./day/yr.
75 ft. below land surface Date 5/2/77

12. Pumping level below land surfaces:
____ ft. after __ hrs. pumping ____ g.p.m.
____ ft. after __ hrs. pumping ____ g.p.m.
Estimated maximum yield 50 g.p.m.

13. Water sample submitted: mo./day/yr.
____ Yes X No Date ____

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? YES
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 3000 Direction SOUTH Type LOTS
Well disinfected upon completion? X Yes ____ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:	19. Remarks:
Topography:	
__ Hill	
__ Slope	
X Upland	
__ Valley	

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.
GEO COX & SONS INC 258
Business name   License No.
Address CLIFTON, KANS 66937
Signed Mary Cox
Authorized representative Date 5/2/77

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

Form WWC-5

T 8 R 1 W Sec 30 NW NW SW 1/4 1/4 1/4

MI-1023