

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>NW 1/4 NE 1/4 NW 1/4</i>	Section number <i>20</i>	Township number <i>T 8 S</i>	Range number <i>R 3 E</i>
X Distance and direction from nearest town or city: Street address of well location if in city: <i>1/2 S. Clay Center</i>			3. Owner of well: <i>Clay County Golf Course</i> R.R. or street: City, state, zip code: <i>Clay Center, Ks 67432</i>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <i>32</i> in. Completion date _____ Well depth <i>38</i> ft. <i>28</i> <i>3-18-77</i>
<i>top soil + clay</i>			<i>0</i>	<i>5</i>	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
<i>sand</i>			<i>5</i>	<i>9</i>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<i>gravel</i>			<i>9</i>	<i>12</i>	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>28</i> ft. depth Wall Thickness: inches or Dia. <i>16</i> in. to <i>28</i> ft. depth gage No. <i>3/4</i>
<i>sand + gravel</i>			<i>12</i>	<i>15</i>	10. Screen: Manufacturer's name <i>Johnson</i> Type <i>transite</i> Dia. <i>16</i> Slot/gauze <i>1/8</i> Length <i>13</i> Set between <i>15</i> ft. and <i>28</i> ft. ft. and _____ ft. Gravel pack? <i>YES</i> Size range of material <i>1/4-1/4</i>
<i>gravel</i>			<i>15</i>	<i>26</i>	11. Static water level: _____ mo./day/yr. <i>13</i> ft. below land surface Date <i>3-18-77</i>
<i>rock</i>			<i>26</i>		12. Pumping level below land surfaces: <i>26</i> ft. after <i>1</i> hrs. pumping <i>300</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>300</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: <i>NONE</i> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input 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 G. G. Long, Inc. 258</i> Business name _____ License No. _____ Address <i>Clifton, Kansas</i> Signed <i>Francis G. H.</i> Date <i>3-18-77</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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 3
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 20
 NW
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 1/4
 1/4
 1/4
 Sec

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

Form WWC-5