

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 <b>Clay</b>	Fraction <b>NE 1/4 SE 1/4 NE 1/4</b>	Section number <b>27</b>	Township number T <b>8</b> S R <b>3 E</b> E/W	Range number	
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Donald Martin</b> R.R. or street: <b># 3</b> City, state, zip code: <b>Clay Center, Kansas 67432</b>				
4. Locate with "X" in section below:		Sketch map: <b>2 E - 1/8 SE - 1/2 E - 1 S</b> <b>3/16 W - 1/4 S of</b> <b>Clay Center or</b> <b>use County road as</b> <b>above</b>			6. Bore hole dia. <u>32</u> in. Completion date _____ Well depth <u>51</u> ft. <u>6/22/79</u>		
					7. 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		
5. Type and color of material					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>asbestos cement</u> Joint: Above <input type="checkbox"/> or below <input type="checkbox"/> Threading <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>51</u> ft. depth Wall thickness <u>3/4</u> inches or Dia. _____ in. to _____ ft. depth Gage No. _____		
					10. Screen: Manufacturer's name <b>Johnson Casing Co.</b> Type <u>asbestos cement</u> Dia. <u>16</u> Slot/gauze <u>1/8</u> Length <u>26</u> Set between <u>38</u> ft. and <u>51</u> ft. <u>25</u> ft. and <u>38</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 - 1/4</u>		
					11. Static water level: _____ mo./day/yr. <u>19</u> ft. below land surface Date <u>9-1-79</u>		
					12. Pumping level below land surfaces: <u>50</u> ft. after <u>1 1/2</u> hrs. pumping <u>450</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>450</u> 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 <u>12</u> Inches above grade		
					15. Well grouted? <input checked="" type="checkbox"/> <b>note below</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
					16. Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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		
					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. <b>Cox - Beswick 361</b> Business name _____ License No. _____ Address <u>Clifton, Kansas 66937</u> Signed <u>Jimmie Cox</u> Date <u>7/7/79</u> Authorized representative		
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: <b>Mr. Martin agreed to grout the well knowing proper methods of doing it.</b>					

T-8  
R-30E  
S-27  
1/4 NE SE NE  
1/4 1/4

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

Form WWC-5