

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>NE 1/4 NW 1/4 NW 1/4</u>	Section number <u>34</u>	Township number <u>8 S R 3</u>	Range number <u>3</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <u>Jim Noellhof</u> R.R. or street: <u>RR #2</u> City, state, zip code: <u>Clay Center, Kansas 67432</u>		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>32</u> in. Completion date <u>4-19-77</u> Well depth <u>47</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	
5. Type and color of material		From	To	9. Casing: Material <u>AC</u> Height: Above 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>47</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>34</u>		
<u>Clay</u>		<u>0</u>	<u>5</u>	10. Screen: Manufacturer's name <u>Johnson</u> Type <u>Concrete</u> Type <u>Asbestos cement</u> <u>16</u> " Slot/gauge <u>1/8</u> Length <u>26</u> " Set between <u>21</u> ft. and <u>47</u> ft. ft. and <u> </u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/8-1/4</u> "		
<u>sand</u>		<u>5</u>	<u>10</u>	11. Static water level: <u>12</u> ft. below land surface Date <u>4-19-77</u> mo./day/yr.		
<u>fine brown gravel</u>		<u>10</u>	<u>15</u>	12. Pumping level below land surfaces: <u>45</u> ft. after <u>12</u> hrs. pumping <u>1200</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.		
<u>fair brown gravel</u>		<u>15</u>	<u>17</u>	13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
<u>good green gravel</u>		<u>17</u>	<u>41</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
<u>clay</u>		<u>41</u>	<u>42</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>sand rock</u>		<u>42</u>	<u>51</u>	16. Nearest source of possible contamination: ft. <u>1400</u> Direction <u>E</u> Type <u>RIVER</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<u>shale</u>		<u>51</u>	<u> </u>	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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)		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>Geo Cox Long Inc 258</u> Business name <u>Clayton Kansas 66432</u> License No. <u> </u> Address <u> </u> Signed <u>Francis Cox</u> Date <u>4-21-77</u> Authorized representative		
18. Elevation:		19. Remarks:		21. Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		

T 8
 R 30
 W 34
 Sec 1/4 NE NW 1/4 NW

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

Form WWC-5