

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>RILEY</b>	Fraction <b>SU1/4SW1/4NE1/4</b>	Section number <b>1</b>	Township number T <b>8</b> S R <b>5</b>	Range number <b>5</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>ARTHUR + ALAN KULP</b> R.R. or street: <b>RR #1</b> City, state, zip code: <b>LEONARDVILLE, KANS 66449</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date Well depth <b>109</b> ft. <b>5/25/76</b>		
		<p>7. <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary</p>		8. Use: <input checked="" 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <b>PK</b> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia. <b>5</b> in. to <b>109</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1214</b>		
5. Type and color of material				From	To	10. Screen: Manufacturer's name <b>PUMPCO</b>
<b>TOPSOIL</b>				<b>0</b>	<b>2</b>	Type <b>PVC</b> Dio. <b>5</b>
<b>GRAY CLAY</b>				<b>2</b>	<b>5</b>	Slot/gauze <b>1/16</b> Length <b>20'</b>
<b>RED CLAY</b>				<b>5</b>	<b>23</b>	Set between <b>109</b> ft. and <b>89</b> ft.
<b>LIMESTONE</b>				<b>23</b>	<b>46</b>	Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>5X4</b>
<b>BLUE SHALE</b>				<b>46</b>	<b>63</b>	11. Static water level: _____ mo./day/yr. <b>35</b> ft. below land surface Date <b>5/25/76</b>
<b>RED SHALE</b>				<b>63</b>	<b>97</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>12</b> _____ g.p.m.
<b>LIMESTONE</b>				<b>97</b>	<b>108</b>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
<b>BLUE SHALE</b>				<b>108</b>	<b>109</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> inches above grade
<b>STOP</b>				<b>109</b>		15. Well grouted? <input checked="" type="checkbox"/> YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
						16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>WEST</b> Type <b>SEPTIC</b> 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
						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>Geo Cox + Sons Inc 258</b> Business name _____ License No. _____ Address <b>CHIETON, KANSAS</b> Signed <b>David Cox</b> Date _____ Authorized representative _____
18. Elevation:		19. Remarks:				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

8-5-0  
 Sec 1  
 SW 5/8  
 1/4 1/4 1/4

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

Form WWC-5