

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: <u>COVE</u>		County: <u>SE 1/4 SW 1/4 SW 1/4</u>	Section number: <u>14</u>	Township number: <u>T 11 S</u>	Range number: <u>R 26 W E/W</u>
2. Distance and direction from nearest town or city: <u>QUINTER.</u>			3. Owner of well: <u>NUNA LEE FLORIN</u>		
Street address of well location if in city: <u>3-E - 2-N</u>			R.R. or street: _____		
City, state, zip code: <u>QUINTER, KS.</u>			_____		
4. Locate with "X" in section below:		Sketch map:			
<div style="text-align: center;">N</div> <div style="display: flex; justify-content: space-between;"> W E </div> <div style="text-align: center;">S</div> <div style="text-align: center;">1 Mile</div>		6. Bore hole dia. <u>9</u> in. Completion date <u>7-16-77</u> Well depth <u>134</u> ft.			
5. Type and color of material		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			
		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 _____ Height: Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>134</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>220</u>			
		10. Screen: Manufacturer's name _____ <u>Less Lowell</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>8'</u> Set between <u>126</u> ft. and <u>134</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8" x 1/4"</u>			
From To <u>top soil</u> 0 9 <u>sandy clay</u> 9 29 <u>m gravel</u> 29 51 <u>sandy clay & S.S.</u> 51 90 <u>S.S. & sandy clay</u> 90 96 <u>m. gravel</u> 96 100 <u>rock</u> 100 114 <u>m gravel</u> 114 116 <u>sandy clay</u> 116 120 <u>rock</u> 120 126 <u>sandy clay</u> 126 128 <u>rock flint</u> 128 131 <u>gravel.</u> 131 133 <u>chice</u> 133 134 <u>BUCK BB'</u> _____ (Use a second sheet if needed)		11. Static water level: _____ mo./day/yr. <u>85</u> ft. below land surface Date <u>7-16-77</u>			
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30 gpm</u> g.p.m.		13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
14. Well head completion: _____ Pitless adapter <u>12"</u> inches above grade		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.			
16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>man</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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			
18. Elevation: _____ Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <div style="text-align: center; font-size: 2em;">7670</div>		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>STRUCKNORF SONS</u> 298 Business name License No. Address <u>QUINTER, KS</u> Signed <u>K. Strucknorf</u> Date <u>7-20-77</u> Authorized representative	

17
 26 W
 11 S
 14
 SE SW SW
 1/4 1/4 1/4