

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 Gove	Fraction NE 1/4 NE 1/4 SE 1/4	Section number 16	Township number T 11	Range number S R 26	JRL EW
2. Distance and direction from nearest town or city: Street address of well location if in city:		1 1/2 East 1/2 North of Quinter		3. Owner of well: Anton Quint R.R. or street: City, state, zip code: Quinter, Ks. 67752			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>140</u> ft. <u>2/7/76</u>			
				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			
5. Type and color of material				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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
				9. Casing: Material <u>ptls</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <u>51</u> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia <u>5</u> in. to <u>140</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____			
				10. Screen: Manufacturer's name _____ <u>Peoples Plastics</u> Type <u>PVC</u> Dia. <u>5 in.</u> Slot/gauze <u>1/4</u> Length <u>20 ft.</u> Set between <u>120</u> ft. and <u>140</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u> down			
				11. Static water level: _____ mo./day/yr. <u>90</u> ft. below land surface Date <u>2/7/76</u>			
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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 _____ Inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> With: <u>clay</u> <input type="checkbox"/> neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>20</u> ft.			
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Nat 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. <u>Aqua Well Drilling</u> <u>281</u> Business name License No. Address <u>Gove, Ks. 67736</u> Signed <u>M. Juttie</u> Date <u>6-20-77</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5