

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>Russell</b>		Fraction <b>NE 1/4 SE 1/4 NE 1/4</b>	Section number <b>32</b>	Township number <b>T 12 S</b>	Range number <b>R 13 E</b>
2. Distance and direction from nearest town or city: <b>3 E 6 N</b> Street address of well location if in city: <b>of Russell</b>			3. Owner of well: <b>Paul C Anschutz</b> R.R. or street: <b>1254 N Seitz</b> City, state, zip code: <b>Russell Kansas, 67665</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>10</b> in. Completion date <b>4-15-77</b> Well depth <b>50</b> ft.	
		<b>Pasture Land</b>		7. <input checked="" 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 type="checkbox"/> Reverse rotary	
5. Type and color of material		From	To	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	
<b>Top soil</b>		<b>0</b>	<b>6</b>	9. Casing: Material _____ Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>3 feet</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.27</b> lbs./ft. Dia. <b>5</b> in. to <b>50</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>254</b>	
<b>Brown clay</b>		<b>6</b>	<b>29</b>	10. Screen: Manufacturer's name _____ Type <b>Pvc</b> Dia. <b>5 in</b> <del>Slot</del> gauze _____ Length <b>20 feet</b> Set between <b>30</b> ft. and <b>50</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> size range of material <b>2/8-1/4</b>	
<b>Sand Fine to coarse</b>		<b>29</b>	<b>31</b>	11. Static water level: _____ mo./day/yr. <b>20</b> ft. below land surface Date <b>4-15-77</b>	
<b>Red clay</b>		<b>31</b>	<b>42</b>	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.	
<b>Gray clay</b>		<b>42</b>	<b>45</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<b>Sand Fine</b>		<b>45</b>	<b>47</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
<b>Fire clay</b>		<b>47</b>	<b>50</b>	15. Well grouted? <input checked="" type="checkbox"/> <b>YES</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____ Concrete Depth: From <b>2</b> ft. to <b>18</b> ft.	
				16. Nearest source of possible contamination: ft. _____ Direction <b>None</b> 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	
(Use a second sheet if needed)					
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: <b>Concrete slab to be installed by customer at surface of ground He know this is a regulation</b>		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>Cook Drilling 347</b> Business name _____ License No. _____ Address <b>Lucas Kansas</b> Signed <b>Ruby Cook</b> Date <b>4-18-77</b> Authorized representative	

T 12 S R 13 E Sec 32 NE SE NE

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

Form WWC-5