

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

ABB

1. Location of well:		County <u>GOVE</u>	Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section number <u>9</u>	Township number T <u>12</u> S	Range number R <u>26</u> E <u>W</u>
2. Distance and direction from nearest town or city: <u>15 - 1/2 E</u>			3. Owner of well: <u>IRVIN L. FLORA.</u>			
Street address of well location if in city: <u>QUINTER KS</u>			R.R. or street: City, state, zip code: <u>QUINTER KS</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>4</u> in. Completion date <u>10-15-76</u> Well depth <u>50</u> ft.		
				7. <input checked="" 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		From	To	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		
<u>top soil</u>		<u>0</u>	<u>11</u>	9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>200</u>		
<u>sandy clay</u>		<u>11</u>	<u>16</u>	10. Screen: Manufacturer's name <u>less lowell</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>1/16</u> Length <u>8'</u> Set between <u>39</u> ft. and <u>47</u> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>16-1/4</u>		
<u>gravel</u>		<u>16</u>	<u>20</u>	11. Static water level: <input type="checkbox"/> mo./day/yr. <u>24</u> ft. below land surface Date <u>10-15-76</u>		
<u>sandy clay</u>		<u>20</u>	<u>32</u>	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>30+</u> g.p.m.		
<u>gravel</u>		<u>32</u>	<u>33</u>	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
<u>sandy clay & S.S.</u>		<u>33</u>	<u>38</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
<u>gravel</u>		<u>38</u>	<u>44</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.		
<u>em gravel.</u>		<u>44</u>	<u>47</u>	16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <u>N/A</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<u>Ocher</u>		<u>47</u>	<u>50</u>	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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>STRUCKHOFF SONIS 298</u> Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address <u>GRINNELL KS</u> Signed <u>[Signature]</u> Date <u>11-9-76</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<u>2590</u>				

T 12 R 26 E 9 Sec 9 NW 1/4 NE 1/4

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

Form WWC-5