

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Gove	Township name	Fraction SW SE SW	Section number 22	Town number 12	Range number 28 W
Distance and direction from nearest town or city: 3 east 2 north				3 Owner of well: Graham's Ranch Incorp.		
Street address of well location if in city: 1 east of Gove				Address: Grainfield, Ks. 67737		
Locate with "X" in section below: <div style="text-align: center;"> </div>				Sketch map: <div style="text-align: center;"> </div>		
2				4 Well depth: <u>40</u> ft. Date of completion <u>5/18/78</u> Well diameter <u>8</u> in.		
Type and color of material				5 <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		
clay and silt				6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/>		
clay				7 Casing: Material <u>pvc</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>5</u> in. Weight <u>12</u> lbs./ft. <u>2</u> in. to <u>40</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth		
sand				8 Screen: Manufacturer <u>Peerless Plastics</u> Type <u>pvc</u> Dia. <u>5</u> in. Slot/gauze <u>1/16</u> Length <u>10</u> ft. Set between <u>30</u> ft. and <u>40</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1</u>		
cavity				9 Static water level: <u>24</u> ft. below land surface Date <u>5/18/78</u>		
yellow shale				10 Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.		
(use a second sheet if needed)				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
(use a second sheet if needed)				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
(use a second sheet if needed)				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> clay Depth: From <u>0</u> ft. to <u>5</u> ft.		
(use a second sheet if needed)				14 Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(use a second sheet if needed)				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				17 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>Jm Little</u> Date <u>6-78</u> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5