

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>OTTAWA</b>	Fraction <b>SW 1/4 SW 1/4 SE 1/4</b>	Section number <b>6</b>	Township number <b>T 12 S R 4 E/N</b>	Range number <b>4</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date Well depth <b>67</b> ft. <b>4/29/77</b>		
			7. 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		
5. Type and color of material			9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia. <b>5</b> in. to <b>67</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1258</b>		
			10. Screen: Manufacturer's name <b>PUMPEO</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>1/16</b> Length <b>20'</b> Set between <b>49</b> ft. and <b>67</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <b>YES</b> Size range of material <b>4x4</b>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>45</b> ft. below land surface Date <b>4/29/77</b>		
			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 <b>25</b> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
			15. Well grouted? <b>YES</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.		
			16. Nearest source of possible contamination: ft. <b>1000</b> Direction <b>SOUTH</b> Type <b>LOTS</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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		
			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>Geo Cox + Sons Inc 258</b> Business name _____ License No. _____ Address <b>CUJETON KANS 66937</b> Signed <b>Mary Cox</b> Date <b>4/29/77</b> Authorized representative		
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					
19. Remarks:  (Use a second sheet if needed)					

T 12 S R 4 E  
Sec 6 - SW 1/4 SE 1/4

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

Form WWC-5