

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 SE 1/4 SW 1/4 SW 1/4	Section number 27	Township number T 13 S	Range number R 26 E
2. Distance and direction from nearest town or city: 12 South 2 1/2 East			3. Owner of well Roland Turner		
Street address of well location if in city: of Quinter			R.R. or street: Quinter, Ks. 67752 City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 24 in. Completion date _____ Well depth 45 ft. 8/25/75	
				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 checked="" type="checkbox"/> Reverse rotary	
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		From	To	<input checked="" type="checkbox"/> Casing: Material Coals Height: above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
				<input checked="" type="checkbox"/> Screen: Manufacturer's name _____ Johnson Well Casing Type cement asbestos 16 in Slot/gauze 3/16 Length 13 ft. Set between 19 ft. and 45 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 down	
silt + clay		0	15	11. Static water level: _____ mo./day/yr. 14 ft. below land surface Date 8/25/75	
sand + blue mud		15	30	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 200 g.p.m.	
sand + gravel		30	45	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
shale		45		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
				<input checked="" type="checkbox"/> Well grouted? cement slab With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.	
				<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ 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:	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.	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				Agua Well Drilling 281 Business name _____ License No. _____ Address Gove, Ks. 67736 Signed M. Suttler Date 8-20-77 Authorized representative	

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

Form WWC-5