

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>SALINE</b>	Fraction <b>SW 1/4 NE 1/4 NE 1/4</b>	Section number <b>8</b>	Township number <b>T 13 S R 4 E</b>	Range number <b>4 E</b>
2. Distance and direction from nearest town or city: <b>15-S-1 1/2 W</b>			3. Owner of well: <b>L. W. AUSTIN</b>			
Street address of well location if in city: <b>CULVER</b>			R.R. or street:			
			City, state, zip code: <b>COURTLAND, KANS 66939</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date _____	
		<b>WELL IN CENTER OF PASTURE</b>			Well depth <b>50</b> ft. <b>8-23-77</b>	
					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	
					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	
					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>50</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>258</b>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>FUNIPCO</b>		
<b>TOPSOIL</b>		<b>0</b>	<b>3</b>	Type <b>PVC</b> Dia. <b>5"</b>		
<b>BROWN CLAY</b>		<b>3</b>	<b>13</b>	Slot gauze <b>1/16</b> Length <b>20'</b>		
<b>BLUE CLAY</b>		<b>13</b>	<b>20</b>	Set between <b>30</b> ft. and <b>50</b> ft.		
<b>ROCKY GRAVEL</b>		<b>20</b>	<b>23</b>	Gravel pack? <b>YES</b> Size range of material <b>18x4</b>		
<b>BLUE SHALE</b>		<b>23</b>	<b>50</b>	11. Static water level: _____ mo./day/yr. <b>10</b> ft. below land surface Date <b>8-23-77</b>		
<b>STOP</b>		<b>50</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.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" 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>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. _____ Direction <b>NW</b> Type _____ 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>CLIFTON PARK 66937</b> Signed <b>David By</b> Date <b>8-23-77</b> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 13  
 R 4  
 E  
 Sec 8  
 SW 1/4 NE 1/4

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

Form WWC-5