

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

WATER WELL RECORD  
KSA 82a-1201-1215

*Wayne Beasley*  
also

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <b>Gove</b>	Fraction <b>SE 1/4 SE 1/4 SW 1/4</b>	Section number <b>13</b>	Township number <b>T 14 S</b>	Range number <b>R 29 E</b>	DRL EW
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Edward Beasley</b> R.R. or street: <b>Rt. 1</b> City, state, zip code: <b>Gove, Kansas 67736</b>				
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>9-15-76</b> Well depth <b>60</b> 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		
					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"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material			From	To	9. Casing: Material <u>plastic</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. _____		
Silt + clay			0	40	10. Screen: Manufacturer's name <u>Peerless</u> <u>Plastic Pipe</u> Type <u>PVC</u> Dia. <u>5 in.</u> Slot/gauze <u>40</u> Length <u>10 ft</u> Set between <u>40</u> ft. and <u>60</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4 down</u>		
Clay - sand layers			40	60	11. Static water level: _____ mo./day/yr. <u>36</u> ft. below land surface Date <u>9-15-76</u>		
Shale			60		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>6</u> 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 _____ Inches above grade		
					15. Well grouted? <input checked="" type="checkbox"/> With <u>Clay</u> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>20</u> ft.		
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
					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. <u>Aqua Well Drilling 281</u> Business name _____ License No. _____ Address <u>Gove, Kansas 67736</u> Signed <u>Wm Judd</u> Date <u>6-20-77</u> Authorized representative _____		
18. Elevation:		19. Remarks:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5