

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 <b>Gray</b>	Township name	Fraction <b>SW SW SW SW</b>	Section number <b>17</b>	Town number <b>T 28 S</b>	Range number <b>R 30 W</b>
Distance and direction from nearest town or city: <b>4 1/2 m. North of Copeland Kansas</b>			3 Owner of well: <b>Carl Nelson</b> Address: <b>Copeland, KS. 67837</b>			
Locate with "X" in section below: N		Sketch map:			4 Well depth: <b>280'</b> ft. Date of completion <b>9/23/75</b> Well diameter <b>9</b> in.	
					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	
					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	
					7 Casing: Material <b>RMP</b> Height: <b>above/below</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14</b> in. Diam. <b>5</b> in. to <b>240</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight <b>320</b> lbs./ft.	
2	Type and color of material		From	To	8 Screen: Manufacturer <b>J+L</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>40'</b> Set between <b>240</b> ft. and <b>280</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>18"</b>	
	<b>Overburden</b>		<b>0</b>	<b>120</b>		
	<b>Coarse Sand</b>		<b>120</b>	<b>170</b>		
	<b>Sand + Gravel</b>		<b>170</b>	<b>273</b>		
	<b>Sand Stone and Brown Shale</b>		<b>273</b>	<b>280</b>		
					9 Static water level: <b>120</b> ft. below land surface Date <b>9/23/75</b>	
					10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>60</b> g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>3</b> ft. to <b>13</b> ft.	
					14 Nearest source of possible contamination: ft. <b>250'</b> Direction <b>West</b> Type <b>Corrals</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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)				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. <b>Tell Water Well 142</b> Business name _____ License No. _____ Address <b>Box 816 Liberal, KS</b> Signed <b>Carl Ferguson</b> Date <b>9/23/75</b> Authorized representative _____	
16 Remarks: elevation						
Topography:	<input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley <p><b>Well to be completed by:</b> <b>Dunham Drilling</b> <b>Copeland, KS.</b></p>					

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

Form WWC-5