

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>Summer</b>	Fraction <b>1/4 NW 1/4 NW 1/4</b>	Section number <b>7</b>	Township number <b>T 30 S R 3W E/W</b>	Range number	
2. Distance and direction from nearest town or city: <b>2 miles Southwest of Viola Road and 3/4 mile South of K-42, on the East side of road.</b>			3. Owner of well: <b>William W. Buck</b> R.R. or street: <b>Rt. #1</b> City, state, zip code: <b>Conway Springs, Kansas</b>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: <b>Conway Springs, Kansas</b>			
5. Type and color of material			From	To		
			<b>Topsoil</b>	<b>0</b>	<b>3</b>	
			<b>Clay</b>	<b>3</b>	<b>6</b>	
			<b>Red Shale</b>	<b>6</b>	<b>60</b>	
6. Bore hole dia. <b>11</b> in. Completion date _____ Well depth <b>60</b> ft. <b>8-9-78</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 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			9. Casing: Material <b>Styrene</b> Height: Above or <u>below</u> / Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>60</b> ft. depth   Wall Thickness: inches or Dia. _____ in. to _____ ft. depth   gage No. <b>.200</b>			
10. Screen: Manufacturer's name <b>Sunflower plastic</b>			Type <b>styrene</b> Dia. <b>5"</b> Slot/size <b>.06</b> Length <b>40'</b> Set between <b>20</b> ft. and <b>60</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/2-1/8"</b>			
11. Static water level: _____ mo./day/yr. <b>15</b> ft. below land surface Date <b>8-9-78</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. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> Inches above grade			
15. Well grouted? <b>yes 1-2 fine sand mix</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>40"</b> ft. to <b>14</b> ft.			16. Nearest source of possible contamination: ft. <b>65</b> Direction <b>South</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>tank</b>			
17. Pump: _____ Not installed Manufacturer's name <b>Unknown</b> Model number <b>Unknown</b> HP <b>1/2</b> Volts <b>230</b> Length of drop pipe <b>30</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ 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>Harp Well &amp; Pump</b> <b>236</b> Business name License No. Address <b>Wichita, Kansas</b> <b>67209</b> Signed <b>M. Arnold</b> Date <b>10-26-78</b> Authorized representative			
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:  <b>Flat ground</b>					

30-30-7  
1/4-1/4 NW NW

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

Form WWC-5