

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>CLOUD</b>	Fraction <b>SW 1/4 NW 1/4 NE 1/4</b>	Section number <b>12</b>	Township number T <b>5</b> S R	Range number <b>2</b> <b>(W)</b>
2. Distance and direction from nearest town or city: <b>4-W 3-N-EW</b>			3. Owner of well: <b>GENE FEIGHT</b>		
Street address of well location if in city: <b>CLYDE</b>			R.R. or street: <b>RR #1</b>		
			City, state, zip code: <b>CLYDE, KANSAS 66938</b>		
4. Locate with "X" in section below:			Sketch map:		
			6. Bore hole dia. <b>8</b> in. Completion date <b>4/17/76</b> Well depth <b>138</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"/> 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>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia. <b>5</b> in. to <b>138</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1214</b>		
5. Type and color of material			10. Screen: Manufacturer's name <b>PUMICO</b>		
			Type <b>PVC</b> Dia. <b>5"</b>		
			Slot gauze <b>1/4"</b> Length <b>20'</b>		
			Set between <b>118</b> ft. and <b>138</b> ft. ft. and <input type="checkbox"/> ft.		
			Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <b>1/8 x 1/4</b>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>40</b> ft. below land surface Date <b>4/17/76</b>		
			12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <b>N/A</b> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>50</b> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>X</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. <b>300</b> Direction <b>EAST</b> Type <b>LOTS</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: <b>1460</b>		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. <b>Geo Cox + Sons Inc 258</b> Business name License No. Address <b>CLIFTON KANSAS</b> Signed <b>Daryl Cox</b> Date <b>4/21/76</b> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

5-20-12  
 R-20-12  
 Sec 12  
 1/4 SW 1/4 NE

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

Form WWC-5