

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>NE 1/4 NE 1/4 NE 1/4</b>	Section number <b>14</b>	Township number <b>T 5 S</b>	Range number <b>S R 2 E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
2. Distance and direction from nearest town or city: <b>1 N - SW</b> <b>3 FN CLYDE</b>			3. Owner of well: <b>ED OLSON</b> <b>RR #1</b> <b>CLYDE KANS 66938</b>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>80</b> ft. <b>9/28/76</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	
5. Type and color of material			From	To	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	
TOPSOIL			0	2	9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>15</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia. <b>5</b> in. to <b>80</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>1214</b>	
BROWN CLAY			2	23	10. Screen: Manufacturer's name _____ <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5"</b> Screen gauge <b>1/16</b> Length <b>20'</b> Set between <b>50</b> ft. and <b>60</b> ft. <b>70</b> ft. and <b>80</b> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>5x4</b>	
RED CLAY			23	28	11. Static water level: _____ mo./day/yr. <b>40</b> ft. below land surface Date <b>9/28/76</b>	
SANDROCK			28	32	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>25</b> g.p.m.	
RED CLAY			32	41	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
YELLOW CLAY			41	43	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>15</b> inches above grade	
SANDROCK			43	58	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.	
RED CLAY			58	64	16. Nearest source of possible contamination: <b>SEPTIC</b> ft. <b>75</b> Direction <b>SE</b> Type <b>TANK</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
HARD ROCK			64	66	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	
GRAY CLAY W/ ROCK LAYERS			66	70	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 LOX + SONS INC 258</b> Business name _____ License No. _____ Address <b>CHIETON, KANSAS</b> Signed <b>Wayne Lox</b> <b>9/28/76</b> Date Authorized representative	
SAND ROCK			70	80		
STOP			80			
18. Elevation: <b>1360 ft</b>			19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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1/4

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

Form WWC-5