

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 Cloud	Fraction NE 1/4 SW 1/4 NW 1/4	Section number 25	Township number T 5 S R 2 E (N)	Range number	
2. Distance and direction from nearest town or city: 8 E - 1 1/2 N			3. Owner of well: J Butts Barlow				
Street address of well location if in city: of Concordia			R.R. or street: Ames, Kansas 66931				
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. 32 in. Completion date _____ Well depth 78 ft. 5-21-77	
						7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary	
Type and color of material			From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 AC Height: Above or below Threaded _____ Welded _____ Surface 24 in. RMP _____ PVC _____ Weight 34 lbs./ft. Dia. 16 in. to 78 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 3/4 in.		
					10. Screen: Manufacturer's name Johnson Type Transit Dia. 16 Slot/gauge 1/8 Length 26 Set between 52 ft. and 78 ft. ft. and _____ ft. Gravel pack? YES Size range of material 1/8-1/4		
					11. Static water level: _____ mo./day/yr. 12 ft. below land surface Date 5-21-77		
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2000 g.p.m.		
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
					14. Well head completion: <input type="checkbox"/> Pitless adapter 24 inches above grade		
					15. Well grouted? YES With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
					16. Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
					17. Pump: _____ Nat installed Manufacturer's name WLR Model number 8M HP 94 Volts _____ Length of drop pipe 76 ft. capacity 1000 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:			19. Remarks: replacement well no test hole + no test pumping			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. Geo W & Sons Inc 258 Business name _____ License No. _____ Address Clifton, Kansas Signed Francis Cox Date 10-18 Authorized representative _____	

5-21-77
R
25
NE 1/4 SW 1/4 NW 1/4

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

Form WWC-5