

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 <u>Cloud</u>		Fraction <u>1/4 SW 1/4 NE 1/4</u>		Section number <u>32</u>		Township number T <u>5</u> S		Range number R <u>2</u> E/W	
2. Distance and direction from nearest town or city: <u>4 1/2 miles east of Concordia, Kansas</u> Street address of well location if in city: <u>North side of road</u>				3. Owner of well: <u>Tom Mc Daniels</u> R.R. or street: <u>Rte 3</u> City, state, zip code: <u>Concordia, Kansas 66601</u>					
4. Locate with "X" in section below: N NW NE SW SE S 1 Mile W E				Sketch map: 		6. Bore hole dia. <u>30</u> in. Completion <u>Jan 30, 1976</u> Well depth <u>57</u> ft.			
5. Type and color of material				From		To		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	
Black soil				1		8		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	
Fine sand.				8		15		9. Casing <u>transite</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>57</u> ft. depth; Wall thickness _____ inches Dia. _____ in. to _____ ft. depth; gage No. <u>9275</u>	
Small sand				15		22		10. Screen: Manufacturer's name <u>Johnson Well Casing</u> Type <u>transite</u> Dia. <u>16</u> Slot/gauze <u>5/32</u> Length <u>26</u> Set between <u>31</u> ft. and <u>37</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u>	
Good course gravel				22		56		11. Static water level: _____ mo./day/yr. <u>24</u> ft. below land surface Date <u>Feb 3, 1976</u>	
Grey clay clay.						57		12. Pumping level below land surfaces: <u>30</u> ft. after <u>1</u> hrs. pumping <u>6.75</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
								13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>Feb 5, 1975</u>	
								14. Well head completion: <u>NO</u> Pitless adapter _____ inches above grade	
								15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>1</u> ft. to <u>10</u> ft.	
								16. Nearest source of possible contamination _____ ft. <u>300</u> Dire <u>North SEptic</u> Type <u>PLIC</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: <u>MARCA 61</u> installed Manufacturer's name <u>Western Land Roller</u> Model number <u>8mo-30</u> HP <u>100</u> <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Horizontal Length of drop pipe <u>35</u> ft. capacity _____ 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	
(Use a second sheet if needed)									
18. Elevation: _____		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. <u>CARL THOMAS SON</u> Business name _____ Address <u>333 E 16th Concordia KS 66607</u> Signature <u>Carl Thomas</u> Date <u>Feb 7, 1976</u> Authorized representative					

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

Form WWC-5