

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>SE 1/4 SW 1/4 SW 1/4</u>	Section number <u>18</u>	Township number T <u>5</u> S R <u>3</u> E <u>N</u>	Range number	
2. Distance and direction from nearest town or city: <u>2N-2W</u> Street address of well location if in city: <u>Concordia, Ks</u>			3. Owner of well: <u>ROBERT CHAMPLIN</u> R.R. or street: <u>#2</u> City, state, zip code: <u>CONCORDIA, KS 66901</u>				
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			6. Bore hole dia. <u>32</u> in. Completion date _____ Well depth <u>63</u> ft. <u>11-8-77</u>	
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		
<u>top soil</u>			<u>0</u>	<u>23</u>	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		
<u>sand</u>			<u>23</u>	<u>29</u>	9. Casing: Material <u>AC</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 <u>34</u> lbs./ft. Dia. <u>16</u> in. to <u>63</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>3/4"</u>		
<u>sand + gravel</u>			<u>29</u>	<u>34</u>	10. Screen: Manufacturer's name <u>Johnson</u> <u>Concrete</u> Type <u>transite</u> Dia. <u>16</u> Slot/gauge <u>1/8</u> Length <u>26</u> Set between <u>37</u> ft. and <u>63</u> ft. _____ ft. and _____ ft. Gravel pack? <u>YES</u> Size range of material <u>1/8-1/4</u>		
<u>Good gravel</u>			<u>34</u>	<u>50</u>	11. Static water level: _____ mo./day/yr. <u>22</u> ft. below land surface Date <u>10-29-77</u>		
<u>sand</u>			<u>50</u>	<u>53</u>	12. Pumping level below land surfaces: <u>30</u> ft. after <u>1/2</u> hrs. pumping <u>1200</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>2000</u> g.p.m.		
<u>Good gravel</u>			<u>53</u>	<u>63</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<u>stop in gravel</u>					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> 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>0</u> ft. to <u>10</u> ft.		
					16. Nearest source of possible contamination: <u>NONE</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
					17. Pump: _____ Not installed Manufacturer's name <u>Heston Hand Roller</u> Model number <u>8M</u> HP <u>40</u> Volts <u>480</u> Length of drop pipe <u>58</u> ft. capacity <u>1200</u> 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: <u>1270</u>		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>Eric G. Gering Inc</u> <u>258</u> Business name License No. Address <u>Clifton, Kansas</u> Signed <u>Francis Lee</u> Date <u>11-8-77</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley							

5
30
18
1/4
1/4
2
1/4

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

Form WWC-5