

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>NW 1/4 NE 1/4 NW 1/4</b>		Section number <b>19</b>		Township number T <b>5</b> S <b>R</b> 3		Range number <b>3</b> <span style="float:right">EW</span>																																						
2. Distance and direction from nearest town or city: <b>2 N 2 W</b>				3. Owner of well: <b>ROBERT CHAMPLIN</b>																																										
Street address of well location if in city: <b>of CONCORDIA</b>				R.R. or street: <b>#2</b>																																										
				City, state, zip code: <b>CONCORDIA KANSAS 66901</b>																																										
4. Locate with "X" in section below:				Sketch map:				6. Bore hole dia. <b>32</b> in. Completion date <b>8-31-76</b> Well depth <b>82 1/2</b> ft.																																						
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				11. Static water level: <b>12</b> ft. below land surface Date <b>8-31-76</b> mo./day/yr.																																										
				12. Pumping level below land surfaces: <b>17</b> ft. after <b>1/2</b> hrs. pumping <b>600</b> g.p.m. <b>18</b> ft. after <b>1/2</b> hrs. pumping <b>1250</b> g.p.m. Estimated maximum yield <b>3000</b> g.p.m.																																										
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date																																										
				14. Well head completion: Pitless adapter <b>18"</b> inches above grade																																										
				15. Well grouted? <b>YES</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.																																										
				16. Nearest source of possible contamination: <b>2000</b> ft. Direction <b>S</b> Type <b>OLD RIVER BED</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																										
				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																																										
(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. <b>GEO COX + SONS, INC 258</b> Business name _____ License No. _____ Address <b>CLIFTON KANSAS</b> Signed <b>Francis Cox</b> Date <b>11-5</b> Authorized representative																																										
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley																																														

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

Form WWC-5

T 5  
 R 3  
 Sec 19  
 NW 1/4  
 NE 1/4