

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</u> <u>1/4 SW 1/4</u> | | Section number <u>30</u> | | Township number <u>5</u> | | Range number <u>3</u> | |
| 2. Distance and direction from nearest town or city: <u>North of Concordia 1/8 mile - West - 1 mi</u> Street address of well location if in city: <u>South - 1 mile - 3/4 West - South in field</u> | | | | 3. Owner of well: <u>ERNEST Miller</u> R.R. or street: <u>Rt 2</u> City, state, zip code: <u>CONCORDIA KANSAS 66901</u> | | | | | |
| 4. Locate with "X" in section below: N W E S 1 Mile | | | | Sketch map: <u>Republican River.</u> <u>450' Well</u> <u>NORTH</u> | | 6. Bore hole dia. <u>30</u> in. Completion date <u>Sept 25, 1975</u> Well depth <u>36</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 | |
| | | | | | | | | 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 | |
| black loam | | | | 1 | | 5 | | 9. Casing Material: <u>TRANSITE</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>36</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>441015</u> | |
| fine SAND | | | | 5 | | 15 | | 10. Screen Manufacturer's name: <u>Johnson Well Casing</u> Type <u>Transite</u> Dia. <u>16"</u> Slot/gauze <u>4/32</u> Length <u>13'</u> Set between <u>23</u> ft. and <u>36</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u> | |
| Good Gravel | | | | 15 | | 36 | | 11. Static water level: _____ mo./day/yr. <u>19</u> ft. below land surface Date <u>Oct. 1, 1975</u> | |
| | | | | | | | | 12. Pumping level below land surfaces: <u>16</u> ft. after <u>1</u> hrs. pumping <u>500</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>600</u> g.p.m. | |
| | | | | | | | | 13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>Oct 5 1975</u> | |
| | | | | | | | | 14. Well head completion: <u>No</u> Pitless adapter <u>18</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>1</u> ft. to <u>10</u> ft. | |
| | | | | | | | | 16. Nearest source of possible contamination: ft. <u>North</u> Direction <u>Republican River</u> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Other | |
| (Use a second sheet if needed) | | | | | | | | | |
| 18. Elevation: <u>1360'</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>Carl Thomen & Son 247</u> Business name _____ License No. _____ Address <u>333 E 16th Concordia Kas.</u> Signed <u>Carl Thomen</u> Date <u>July 11 1976</u> Authorized representative | | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | | | | |

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

Form WWC-5