

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>Center</u> <small>1/4 1/4 SW 1/4</small>	Section number <u>35</u>	Township number <u>T 6 S R 2 E</u>	Range number <u>2 E</u>
2. Distance and direction from nearest town or city: <u>2 N - 1 E</u>			3. Owner of well: <u>Stuart Mc Conaughy</u>		
Street address of well location if in city: <u>of Aurora</u>			R.R. or street: <u>Concordia Kansas 66901</u>		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>20</u> in. Completion date <u>12-23-76</u> Well depth <u>208</u> ft.		
			7. <input type="checkbox"/> Cable tool <input checked="" 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 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		
5. Type and color of material			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>24</u> lbs./ft. Dia. <u>12</u> in. to <u>208</u> ft. depth Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth gage No. <u>3/4</u>		
			10. Screen: Manufacturer's name <u>Johnson</u> <u>Concrete</u> Type <u>Transite</u> Dia. <u>12</u> Slot/groze <u>1/8</u> Length <u>42</u> Set between <u>166</u> ft. and <u>208</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/8-1/4</u>		
			11. Static water level: <u>52</u> ft. below land surface Date <u>12-13-76</u> mo./day/yr.		
			12. Pumping level below land surfaces: <u>190</u> ft. after <u>1</u> hrs. pumping <u>1000</u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>1200</u> g.p.m.		
			13. Water sample submitted: <u>   </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>   </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. <u>   </u> Direction <u>   </u> Type <u>   </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>WTR</u> Model number <u>8M</u> HP <u>100</u> Volts <u>   </u> Length of drop pipe <u>197</u> ft. capacity <u>800</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>1413</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>Stuart Mc Conaughy</u> License No. <u>258</u> Business name <u>Clifton Kansas</u> Address <u>   </u> Signed <u>Francis Lee</u> Date <u>12-23-76</u> Authorized representative	
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T-16  
R-20  
Sec-35  
1/4-1/4  
CSK

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

Form WWC-5