

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>NW 1/4</u> 1/4 1/4	Section number <u>1</u>	Township number <u>T 6 S</u> S R <u>3 W</u> E/W	Range number
2. Distance and direction from nearest town or city: <u>2 M EAST</u>	3. Owner of well: <u>Richard Peterson</u>		R.R. or street: <u>RFD #3</u>		
Street address of well location if in city: <u>Concordia</u>	City, state, zip code: <u>Concordia Ks 66901</u>				
4. Locate with "X" in section below:	Sketch map:				
5. Type and color of material	From	To	6. Bore hole dia. <u>5</u> in. Completion date <u>10-27-77</u>		
<u>Black Top soil</u>	<u>0</u>	<u>15</u>	Well depth <u>86</u> ft.		
<u>Redish clay</u>	<u>16</u>	<u>25</u>	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
<u>SANDSTONE</u>	<u>26</u>	<u>45</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
<u>Grey clay</u>	<u>46</u>	<u>70</u>	8. Use: <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public supply <input type="checkbox"/> Industry		
<u>SANDSTONE</u>	<u>71</u>	<u>86</u>	<input 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		
			9. Casing: Material _____ Height <u>Above</u> or below		
			Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>17</u> in.		
			RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>0.15</u> lbs./ft.		
			Dia. <u>5</u> in. to <u>86</u> ft. depth Wall Thickness: inches or		
			Dia. _____ in. to _____ ft. depth gage No. <u>VH</u>		
			10. Screen: Manufacturer's name <u>CANTON</u>		
			Type <u>160</u> Dia. <u>5</u> in.		
			Slot/gauze <u>7/16</u> Length <u>15</u> ft.		
			Set between _____ ft. and _____ ft.		
			Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 in</u>		
			11. Static water level: _____ mo./day/yr.		
			<u>40</u> ft. below land surface Date <u>10-27-77</u>		
			12. Pumping level below land surfaces:		
			<u>67</u> ft. after <u>1</u> hrs. pumping <u>6</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>10-23-77</u>		
			14. Well head completion:		
			<u>70</u> Pitless adapter _____ inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/>		
			With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
			Depth: From <u>4</u> ft. to <u>14</u> ft.		
			16. Nearest source of possible contamination:		
			ft. <u>300</u> Direction <u>N</u> Type <u>Sewer</u>		
			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 checked="" type="checkbox"/> Reciprocating		
			<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation: <u>1570</u>	19. Remarks: <u>livestock use</u> <u>OWNER TALK OF INSTALLING</u> <u>PUMP JACK</u>		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</u> Jan 24 77 Business name _____ License No. _____ <u>335 16th Concordia Ks</u> Address _____ Signature <u>Carl Thomas</u> Date <u>4/24/78</u> Authorized representative		

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

Form WWC-5