

USE TYPEWRITER OR BALL  
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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</u> <u>NW 1/4 #1 1/4 SE 1/4</u>	Section number <u>27</u>	Township number <u>6</u> S R <u>4</u> E (W)	Range number
2. Distance and direction from nearest town or city: <u>5 S - 4 W</u>	3. Owner of well: <u>Ted R. Elstrom</u>		Street address of well location if in city: <u>Concordia</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>8-8-78</u> Well depth <u>137</u> ft.	
				7. <input checked="" 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	
5. Type and color of material		From To		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <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	
<u>top soil + clay</u>		<u>0 1</u>		9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <u>PVC</u> <input checked="" type="checkbox"/> Weight <u>3</u> lbs./ft. Dia. <u>5</u> in. to <u>135</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>135</u> ft. depth gage No. <u>258</u>	
<u>sand</u>		<u>7 11</u>		10. Screen: Manufacturer's name <u>Pumper</u> Type <u>PVC</u> Dia. <u>5</u> Slot <u>1/16</u> Length <u>20</u> Set between <u>117</u> ft. and <u>137</u> ft. ft. and <u>137</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/8-1/4</u>	
<u>clay</u>		<u>11 45</u>		11. Static water level: <u>40</u> ft. below land surface Date <u>8-8-78</u> mo./day/yr.	
<u>lime rock</u>		<u>45 46</u>		12. Pumping level below land surfaces: <u>100</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m. ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. Estimated maximum yield <u>40</u> g.p.m.	
<u>clay</u>		<u>46 62</u>		13. Water sample submitted: <u>  </u> mo./day/yr. <u>  </u> Yes <input checked="" type="checkbox"/> No <u>  </u> Date <u>  </u>	
<u>sand rock</u>		<u>62 63</u>		14. Well head completion: <u>  </u> Pitless adapter <u>12</u> inches above grade	
<u>clay</u>		<u>63 95</u>		15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
<u>sand rock</u>		<u>95 102</u>		16. Nearest source of possible contamination: ft. <u>50</u> Direction <u>SW</u> Type <u>dug well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>clay</u>		<u>102 107</u>		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>  </u> Model number <u>  </u> HP <u>  </u> Volts <u>  </u> Length of drop pipe <u>  </u> ft. capacity <u>  </u> 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	
<u>sand rock</u>		<u>107 135</u>		18. Elevation: <u>1450</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
<u>stop in sand rock</u>		<u>  </u>		19. Remarks: <u>dug well will be filled in properly by owner</u>	
<u>  </u>		<u>  </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>Cox-Bearick Irrigation</u> <u>361</u> Business name License No. Address <u>Chilton Kansas 66437</u> Signed <u>Thomas Cox</u> Date <u>8-14-78</u> Authorized representative	

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

Form WWC-5