

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>SE 1/4 NE 1/4 NE 1/4</b>	Section number <b>2</b>	Township number T <b>8</b> S R	Range number <b>2</b> E <b>(W)</b>
2. Distance and direction from nearest town or city: <b>3 N - 2 W</b>			3. Owner of well: <b>MARY ENDICOTT</b>		
Street address of well location if in city: <b>MILTONVALE</b>			R.R. or street: <b>RT 3 BOX 492</b> City, state, zip code: <b>HARRISONVILLE, MO 64701</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8"</b> in. Completion date _____ Well depth <b>174</b> ft. <b>8-18-79</b>	
		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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <b>PVC</b> Height <b>Above</b> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia. <b>5</b> in. to <b>174</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>1258</b>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ Type <b>PUMPED</b> Dia. <b>5"</b> Slot gauge <b>1/16</b> Length <b>20'</b> Set between <b>135</b> ft. and <b>175</b> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>4x4</b>
<b>TOPSOIL</b>			<b>0</b>	<b>3</b>	11. Static water level: _____ mo./day/yr. <b>75</b> ft. below land surface Date <b>8-18-79</b>
<b>BROWN CLAY</b>			<b>3</b>	<b>15</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after <b>N/A</b> hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.
<b>SANDROCK</b>			<b>15</b>	<b>32</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<b>BLUE CLAY</b>			<b>32</b>	<b>69</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade
<b>SANDROCK w/ CLAY LAYERS</b>			<b>69</b>	<b>78</b>	15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
<b>SANDROCK</b>			<b>78</b>	<b>105</b>	16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>N</b> Type <b>LOTS</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>RED CLAY</b>			<b>105</b>	<b>134</b>	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
<b>HARD RED CLAY</b>			<b>134</b>	<b>140</b>	(Use a second sheet if needed)
<b>BLUE CLAY</b>			<b>140</b>	<b>158</b>	
<b>SANDROCK</b>			<b>158</b>	<b>180</b>	
<b>STOP</b>			<b>180</b>		
18. Elevation: <b>1510</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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>DARYL Cox + Sons INC 359</b> Business name License No. _____ Address <b>CLIFTON KANS 66937</b> Signed <b>Daryl Cox</b> Date <b>8-15-79</b> Authorized representative		

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

Form WWC-5