

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 CLOUD	Fraction SW 1/4 SE 1/4 NE 1/4 SW 1/4 NE 1/4 SE 1/4	Section number 5	Township number T 8 S	Range number R 3 E (NW)
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 6. Bore hole dia. 8 in. Completion date 4/5/76 Well depth 224 ft.		
5. Type and color of material			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		
			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		
From To			9. Casing: Material PVC Height Above or below Surface 18 in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 3 lbs./ft. Dia. 5 in. to 224 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 160 #		
			10. Screen: Manufacturer's name CERTIFIED Type PVC Dia. 5" Slot/gauze 1/16" Length 20' Set between 224 ft. and 201 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material 4x3/4"		
TOPSOIL 0 3			11. Static water level: <input type="checkbox"/> no./day/yr. 150 ft. below land surface Date 4/5/76		
BROWN CLAY 3 13			12. Pumping level below land surface: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 15 g.p.m.		
CLAY W/ ROCK LAYERS 13 27			13. Water sample submitted: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date <input type="checkbox"/>		
BLUE CLAY 27 51			14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
BL CLAY W/ ROCK LAYERS 51 58			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 0 ft. to 10 ft.		
BLUE CLAY 58 109			16. Nearest source of possible contamination: ft. 300 Direction WEST Type OLD DRY WELL Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
RED CLAY 109 156			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		
SAND ROCK 156 221			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. Geo Cox Sons Inc 258 Business name License No. _____ Address CLIFTON KANS Signed Danley Date 4/5/76 Authorized representative		
STOP 221					
(Use a second sheet if needed)					
18. Elevation: 1502 Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:				

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

Form WWC-5