

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>MORRIS</b>	Fraction <b>NW 1/4 1/4</b>	Section number <b>8</b>	Township number <b>T 14 S</b>	Range number <b>R 8 E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>FRANCIS SILL</b> R.R. or street: <b>R+1</b> City, state, zip code: <b>DWIGHT KANSAS 66849</b>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <b>9</b> in. Completion date _____ Well depth <b>70</b> ft.	
			<p><b>WELL 450 SOUTH DIRT ROAD</b> <b>400 EAST GRAVEL ROAD</b></p> <p><b>TRAILER</b></p> <p><b>X WELL</b></p>		7. <input checked="" type="checkbox"/> Cable tool <input 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	
					9. Casing: Material <b>STEEL</b> Height <b>(Above or below)</b> Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>20</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
					10. Screen: Manufacturer's name <b>JESSYLOWELL</b> Type <b>200</b> Dia. <b>5</b> Slot/gauze <b>SAW BLADES</b> Length _____ Set between <b>20</b> ft. and <b>30</b> ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
					11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>12</b> ft.	
					16. Nearest source of possible contamination: ft. <b>75</b> Direction <b>WEST</b> Type <b>LIME</b> 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 type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
			(Use a second sheet if needed)			
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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>L.H. HERRAUSE</b> <b>156</b> Business name _____ License No. _____ Address <b>COUNCIL GROVE KANSAS</b> Signed <b>L.H. HERRAUSE</b> Date <b>11-23-76</b> Authorized Representative				

T 14 S R 8 E/W Sec 8 NW 1/4 1/4 1/4