

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>NE 1/4, NW 1/4</b> 1/4	Section number <b>4</b>	Township number T <del>15</del> <b>15</b> S	Range number R <b>6</b> <span style="float:right">EW</span>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>C.W. EIDSON</b> R.R. or street: <b>RR #</b> City, state, zip code: <b>WHITE CITY KS 66872</b>		
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <b>TRAILER</b> <b>POLE X WELL</b>		
5. Type and color of material			From	To	6. Bore hole dia. <b>9</b> in. Completion date <b>5-15-78</b> Well depth <b>80</b> ft.
<b>BLACK DIRT &amp; MIXED ROCK</b>			<b>0</b>	<b>2</b>	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
<b>ROCK YELLOW</b>			<b>2</b>	<b>34</b>	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
<b>SHALE RED</b>			<b>34</b>	<b>50</b>	9. Casing: Material <b>SILICONE</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>50</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____
<b>ROCK GRAY</b>			<b>50</b>	<b>55</b>	10. Screen: Manufacturer's name <b>JESSY LOWELL</b> Type <b>200</b> Dia. <b>5</b> Slot/gauze <b>SAWALLOAF</b> Length _____ Set between <b>50</b> ft. and <b>80</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____
<b>SHALE YELLOW</b>			<b>55</b>	<b>68</b>	11. Static water level: _____ mo./day/yr. <b>50</b> ft. below land surface Date _____
<b>ROCK YELLOW</b>			<b>68</b>	<b>70</b>	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.
<b>SHALE YELLOW</b>			<b>70</b>	<b>75</b>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
<b>SHALE BLUE</b>			<b>75</b>	<b>80</b>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>14</b> 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 <b>0</b> ft. to <b>12</b> ft.
					16. Nearest source of possible contamination: ft. <b>3000</b> Direction <b>EAST</b> Type <b>PEN</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name <b>PUMPO</b> Model number <b>102558</b> HP <b>1/2</b> Volts <b>220</b> Length of drop pipe <b>72</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" 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: <b>CURB TO BE RUN</b>		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. HRAUSE</b> <b>156</b> Business name _____ License No. _____ Address <b>ORONKIL GROVE KS</b> Signed <b>L.H. HRAUSE</b> Date <b>6-2</b> Authorized representative		

T 15  
R 6  
E 4  
Sec 4  
NE NW  
1/4 1/4 1/4

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

Form WWC-5