

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>Lyon</b>	Fraction <b>SW 1/4SW 1/4 SW 1/4</b>	Section number <b>3</b>	Township number <b>T 19 S</b>	Range number <b>R 11 E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>18th. and Rural Emporia, Kansas</b>			3. Owner of well: <b>Emporia Country Club</b> R.R. or street: <b>18th. and Rural</b> City, state, zip code: <b>Emporia Kansas 66801</b>		
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile			6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>42</b> ft. <b>7/1/77</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		
			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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth   Wall Thickness: inches or Dia. _____ in. to _____ ft. depth   gage No. _____		
			10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
limestone broken tan			From 0 To 4		
limestone / clay broken soft yellow			From 4 To 8		
shale grey			From 8 To 24		
limestone yellow			From 24 To 26		
shale grey / red			From 26 To 42		
This was a dry well and was plugged according to State laws.					
			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. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
			15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: _____ 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:		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.	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				<b>Bledsoe Drilling Co. 349</b> Business name _____ License No. _____ Address <b>212 Maple Cottonwood Falls</b> Signed <b>John A. Bledsoe</b> Date <b>7/1/77</b> Authorized representative	

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W  
Sec  
3  
SW 1/4 SW 1/4 SW 1/4

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

Form WWC-5