

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 Lyon	Fraction NE 1/4 SW 1/4 SW 1/4	Section number 3	Township number T 19 S	Range number R 11	EW
2. Distance and direction from nearest town or city: Street address of well location if in city: 18th. and Rural Emporia, Kansas			3. Owner of well: Emporia Country Club. R.R. or street: 18th. and Rural City, state, zip code: Emporia, Kansas 66801			
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile			6. Bore hole dia. 8 in. Completion date _____ Well depth 100 ft. 7/4/77			
			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			From	To	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. _____	
top soil black			0	12	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
clay silty yellow/ brown			12	30	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
shale grey			30	60	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.	
rock hard brown			60	62	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
shale firm grey/ brown			62	86	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
rock hard grey			86	88	15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.	
shale grey			88	100	16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Use a second sheet if needed)			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			
			18. Elevation:			
19. Remarks: 			20. Water well contractor's certification (continued): This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Bledsoe Drilling Co. 349 Business name 212 N. 1st St. Cottonwood Falls License No. Address John A. Bledsoe 7-4-77 Date Signed Authorized representative			

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

Form WWC-5

T 19
 R 11
 W
 Sec 3
 NE SW SW
 1/4 1/4 1/4