

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 NE 1/4 SE 1/4		Section number 24	Township number 19	Range number 11	
2. Distance and direction from nearest town or city: 3 mi. East 1 mi. South Emporia Kan.				3. Owner of well: Wayne Fowler			
Street address of well location if in city: Emporia Kan.				R.R. or street: Emporia, Kansas, 66801			
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. 8 in. Completion date 10-10-77			
				Well depth 30 ft.			
				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 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			
5. Type and color of material				9. Casing: Material Pits Height: Above or below			
Top Soil				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 14" in.			
Clay-Hard-- Brown				RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.			
Clay-Very Fine Light Brown				Dia. 5 in. to 31 ft. depth Wall Thickness 1/2 inches			
Fine Sand- Very Fine Clay				Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. Type 200			
Coarse Gravel Light Brown				10. Screen: Manufacturer's name Sunflower			
From 0	To 1			Pits, Inc.			
				Type PVC, 200 Dia. 5"			
				Slot/gauge 1/16 Length 30'			
				Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft.			
				Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 to 1/2			
				11. Static water level: 12 ft. below land surface Date 9/17/77			
				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 checked="" type="checkbox"/> No Date ____			
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 14" Inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 21 ft. to 31 ft.			
				16. Nearest source of possible contamination: ft. 65 Direction North Type Cesspool 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:		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. C&C WELL DRILLING 346 Business name _____ License No. _____ Address Box 31, Americus, Kan. 66823 Signed [Signature] Date _____ Authorized representative			
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

sch. 41
19
110
24
NEWSE
1/4
1/4

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

Form WWC-5