

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>NW/4 SW/4 SW/4</b>	Section number <b>19</b>	Township number T <b>19</b> S R	Range number <b>12</b> <b>EW</b>
2. Distance and direction from nearest town or city: <b>1 1/2 mi. SE</b>			3. Owner of well: <b>Ted Fowler</b>			
Street address of well location if in city: <b>of Emporia</b>			R.R. or street: <b>R.F.D. 1</b>			
			City, state, zip code: <b>Emporia, KS, 66801</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>6</b> in. Completion date _____		
				Well depth <b>30 1/2</b> ft. <b>8-9-80</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 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>PL</b> Height: Above or below Threaded _____ Welded <b>GL</b> Surface <b>18</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight <b>200</b> lbs./ft. <b>1.5</b> Dia. <b>5</b> in. to <b>30 1/2</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>Cer Mac</b>		
<b>Top soil</b>		<b>0</b>	<b>3</b>	Type <b>RMP</b> Dia. <b>5"</b>		
<b>Brown clay</b>		<b>3</b>	<b>12</b>	Slot/gauze _____ Length <b>10'</b>		
<b>Tan silt</b>		<b>12</b>	<b>19</b>	Set between <b>20 1/2</b> ft. and <b>30 1/2</b> ft. _____ ft. and _____ ft.		
<b>Sandy silt</b>		<b>19</b>	<b>27</b>	Gravel pack? <b>yes</b> Size range of material <b>1/4-1/2"</b>		
<b>Sand &amp; gravel</b>		<b>27</b>	<b>30 1/2</b>	11. Static water level: _____ mo./day/yr. <b>15'</b> ft. below land surface Date <b>8-12-80</b>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>30</b> 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 type="checkbox"/> Pitless adapter <b>18</b> Inches above grade		
				15. Well grouted? <b>yes</b> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>80</b> Direction <b>N</b> Type <b>sewer</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:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>Started hitting water at 19'</b> <b>Owner to install jet pump.</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>377</b> <b>Lespagnard W.W. Contrs.</b> Business name License No. _____ Address <b>1312 Trail Ridge Rd, Emporia, MO 64501</b> Signed <b>W. Lespagnard</b> Date <b>8-25-80</b> Authorized representative		

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

Form WWC-5