

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 <u>Greenwood</u> Fraction <u>NE 1/4 NE 1/4 NW 1/4</u> Section number <u>20</u> Township number <u>T 24 S</u> Range number <u>R 13 E/W</u>	
2. Distance and direction from nearest town or city: <u>1 1/2 MI SOUTH</u> Street address of well location if in city: <u>OFF VIRGIL KAN</u>	
3. Owner of well: <u>BOB BUNTON</u> R.R. or street: City, state, zip code: <u>VIRGIL KAN</u>	
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> <p>Sketch map:</p> </div> </div>	
5. Type and color of material	
black soil	From 0 To 3
YELLOW CLAY	3 11
RED GRAVEL	11 19
SOAP STONE	19 23
BLUE LIME	23 24
GREY SAND	24 30
GREY SHALE	30 48
BLUE LIME	48 50
(Use a second sheet if needed)	
18. Elevation:  Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>MR BUNTON IS GOING TO RUN HIS OWN PUMP</u>
6. Bore hole dia. <u>2</u> in. Completion date <u>4/15/01</u> Well depth <u>52</u> 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"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other 9. Casing: Material <u>MIS</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>21</u> Surface <u>16</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>      </u> lbs./ft. Dia. <u>6</u> in. to <u>52</u> ft. depth Wall Thickness: inches or Dia. <u>      </u> in. to <u>      </u> ft. depth gauge No. <u>0285</u> 10. Screen: Manufacturer's name <u>JESS LOWELL</u> Type <u>PVC</u> Dia. <u>6</u> Slot/gauze <u>1/16</u> Length <u>      </u> Set between <u>15</u> ft. and <u>25</u> ft. <u>      </u> ft. and <u>      </u> ft. Gravel pack? <input type="checkbox"/> Size range of material <u>      </u> 11. Static water level: <u>15</u> ft. below land surface Date <u>4/16/01</u> 12. Pumping level below land surfaces: <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>8</u> g.p.m. 13. Water sample submitted: <u>      </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>      </u> 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>16</u> inches above grade 15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>14</u> ft. 16. Nearest source of possible contamination: <u>SEPTIC</u> ft. <u>NE</u> Direction <u>      </u> Type <u>      </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>      </u> Model number <u>      </u> HP <u>      </u> Volts <u>      </u> Length of drop pipe <u>      </u> ft. capacity <u>      </u> 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 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. <u>CUNNINGGS WELLSER 312</u> Business name <u>TOPEKA PLAN</u> License No. <u>      </u> Address <u>      </u> Signed <u>Chris Cunningham</u> Date <u>4/16/01</u> Authorized representative	

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

Form WWC-5