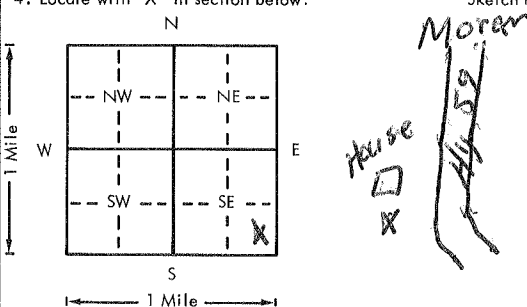


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Allen</u> | Tract <u>SE 1/4 SE 1/4 SE 1/4</u> | Section number <u>14</u> | Township number <u>T 25</u> | Range number <u>S R 20</u> |
| 2. Distance and direction from nearest town or city: <u>4 miles South of Moran, Kans</u> | | | 3. Owner of well: <u>Dale Larue JR</u> R.R. or street: City, state, zip code: <u>Moran, Kansas</u> | | |
| 4. Locate with "X" in section below:  | | | 6. Bore hole dia. <u>8 3/4</u> in. Completion date <u>10/31/77</u> Well depth <u>146</u> ft. | | |
| 5. Type and color of material | | | 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 <u>Aluminum</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>14.6</u> lbs./ft. Dia. <u>6</u> in. to <u>146</u> ft. depth Wall Thickness: inches or Dia. <u>6</u> in. to <u>146</u> ft. depth gage No. <u>146</u> | | |
| | | | 10. Screen: Manufacturer's name <u>Jet Set</u> Type <u>100</u> Dia. <u>6</u> in. Slot/gauze <u>X</u> Length <u>128</u> Set between <u>18</u> ft. and <u>146</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>34</u> | | |
| | | | 11. Static water level: <u>12</u> ft. below land surface Date <u>10/31/77</u> mp./day/yr. | | |
| (Use a second sheet if needed) | | | 12. Pumping level below land surface: ft. after <u>100</u> hrs. pumping <u>100</u> g.p.m. ft. after <u>100</u> hrs. pumping <u>100</u> g.p.m. Estimated maximum yield <u>100</u> g.p.m. | | |
| | | | 13. Water sample submitted: <u>10/31/77</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>10/31/77</u> | | |
| | | | 14. Well head completion: <u>12</u> inches above grade Pitless adapter <u>12</u> inches above grade | | |
| | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <u>X</u> Neat cement <u>X</u> Bentonite <u>X</u> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. | | |
| | | | 16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>N</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 18. Elevation: | | | 17. Pump: <u>X</u> 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 | | |
| | | | 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>Eureka Well Service 296</u> Business name _____ License No. _____ Address <u>Eureka, Kans</u> Signed <u>Eric Aschbach</u> Date <u>1-9-78</u> Authorized representative | | |
| | | | 19. Remarks: | | |
| | | | Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | |
| | | | | | |

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

Form WWC-5