

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>Bourbon</b>	Fraction <b>NE 1/4 NE 1/4</b>	Section number <b>15</b>	Township number <b>T 25 S</b>	Range number <b>R 24 E</b>
2. Distance and direction from nearest town or city: <b>5 M W, 2 Miles N, 1 Mi East 1/4 M. S</b> Street address of well location if in city: <b>FT SCOTT, Kans</b>				3. Owner of well: <b>Juan Joy</b> R.R. or street: <b>R 3</b> City, state, zip code: <b>FORT SCOTT, Kans</b>		
4. Locate with "X" in section below: <p>Sketch map: House Dead End Road</p>				6. Bore hole dia. <b>8 3/4</b> in. Completion date <b>6/22/78</b> Well depth <b>96</b> 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 <b>Wisham</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>6</b> in. to <b>18</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>255</b>		
				10. Screen: Manufacturer's name <b>Jet Stream</b> Type <b>106 P.V.C. 1/2" Dia.</b> Dia. <b>6"</b> Slot/gauze <b>0.30 2 1/2"</b> Length <b>3</b> Set between <b>18 3/4</b> ft. and <b>96</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4"</b>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>20</b> ft. below land surface Date <b>6/22/78</b>		
				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
				15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.		
				16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>N</b> Type <b>Septic</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 <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. <b>Eureka Well Service 296</b> Business name <b>Eureka Kans</b> License No. <input type="checkbox"/> Address <b>Eureka Kans</b> Signed <b>Tom Galbreath</b> Date <b>6/22/78</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5