

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 Woodson	Fraction SE 1/4 SW 1/4 NE 1/4	Section number 11	Township number T 26 S	Range number R 13 E
2. Distance and direction from nearest town or city: Street address of well location if in city:		BLK. 25 205 WASHINGTON LOT. 11		3. Owner of well: FLARENCE STAIR R.R. or street: BOX 231 205 WASHINGTON City, state, zip code: TOPONTO KAN		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 7 in. Completion date 10/14/82 Well depth 50 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		
5. Type and color of material		From	To	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		
GRAVEL		0	7	9. Casing: Material PLTS Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 25 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 280		
YELLOW CLAY		7	18	10. Screen: Manufacturer's name JESS LOWELL Type PCV Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? no Size range of material _____		
BROWN SAND & ROCK		18	31	11. Static water level: _____ mo./day/yr. 21 ft. below land surface Date 10/14/82		
YELLOW SAND ROCK		31	51	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 20 ft.		
				16. Nearest source of possible contamination: ft. 40' Direction EAST Type SEWER LINE 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: MY STAIR IS GOING TO KON HIS OWN PUMP THIS WELL IS IN TOWN OF TOPONTO			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. CUMMINGS WELL SEW 312 Business name _____ License No. _____ Address ToponTO KAN Signed Chad Cummings Date 10/14/82 Authorized representative		

T 26
 R 13
 W 11
 Sec 11
 SE 1/4 NE 1/4

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

Form WWC-5