

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 SW 1/4 SE 1/4	Section number 34	Township number T 26	Range number (S) R 14
2. Distance and direction from nearest town or city: 4 MI EAST AND 5 MILES AND 1/2 EAST OF TORONTO		3. Owner of well: JIM HOAG		R.R. or street: RT. 2		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 6 in. Completion date 12/14/01 Well depth 60 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		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 PVC 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 <input type="checkbox"/> lbs./ft. Dia. 6 in. to 60 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 1270	
		10. Screen: Manufacturer's name JESS LOWELL Type PVC Dia. 6 Slot/gauze 1/16 Length <input type="checkbox"/> Set between 28 ft. and 38 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? YES Size range of material 1/2			11. Static water level: <input type="checkbox"/> mo./day/yr. 23 ft. below land surface Date 12/14/01	
		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 20 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 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 12 ft.	
		16. Nearest source of possible contamination: 1 1/2 ft. EAST Type SEED 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)			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. FUMMINGS WELLSERV 312 Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address TORONTO KAN Signed [Signature] Date 12/14/01 Authorized representative	
18. Elevation:		19. Remarks: JIM HOAG IS HAVING A PLUMBER RUN HIS PUMP			20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 26 R 14 S 14 Sec 34

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

Form WWC-5