

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 SE 1/4 SW 1/4	Section number 27	Township number T 26	Range number S R 16	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:	3 MI. E OF 2 MI. N BUFFALO KS		3. Owner of well: PAT MCGREGOR RFD #1 City, state, zip code: WATER CENTER			
4. Locate with "X" in section below:	Sketch map:			6. Bore hole dia. 7 in. Completion date 1/4/79 Well depth 72 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material			From	To	9. Casing: Material PITS Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 6 in. to 30 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 0.880	
SOIL			0	2	<input checked="" type="checkbox"/> Screen: Manufacturer's name JESS LOWELL	
SHELLY LIME			2	12	Type PVC Dia. 6 Slot/gauze 1/4 Length 20 Set between 30 ft. and 55 ft. ft. and <input type="checkbox"/> ft.	
SOLID LIME GREY			12	15	Gravel pack? <input checked="" type="checkbox"/> Size range of material <input type="checkbox"/>	
GREY SHALE			15	17	11. Static water level: <input type="checkbox"/> no./day/yr. 4 ft. below land surface Date 1/5/75	
SHELLY GREY SAND			17	32	12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield APX 3 g.p.m.	
WHITE SAND SOWN			32	40	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>	
BROWN LIME			40	45	14. Well head completion: <input type="checkbox"/> Pitless adapter 18 inches above grade	
DARK SHALE			45	47	15. Well grouted? YES With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 19 ft.	
HARD BW LIME			47	68	16. Nearest source of possible contamination: 300 ft. ft. 300 Direction NAST Type TANK Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
BLACK SHALE			68	72	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: MR. MCGREGOR IS RUNNING HIS OWN PUMP			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. L. BARNINGSWELL SAW 312 Business name TORONTO KAN License No. <input type="checkbox"/> Address TORONTO KAN Signed L. Barningswell Date 1/28/79 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5