

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>NEOSHO</b>		Fraction <b>N 1/2 NE 1/4</b> 1/4		Section number <b>1</b>		Township number <b>T 28</b> S		Range number <b>R 14</b> <span style="float: right;">DRL CBW</span>			
2. Distance and direction from nearest town or city: <b>3 MI. S + 3 MI</b>				3. Owner of well: <b>DAVID WAGGONER</b>							
Street address of well location if in city: <b>W. OF CHANUTE</b>				City, state, zip code: <b>CHANUTE KAN</b>							
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: <b>ROAD</b> <b>GATE</b> <b>IF</b> <b>500 FT.</b> <b>NO BUILDINGS!</b> <b>X</b> <b>DRAIN</b>				6. Bore hole dia. <b>7</b> in. Completion date <b>9/2/76</b> Well depth <b>120</b> 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			
<b>GREY SANDY SOIL</b>				<b>0</b>		<b>4</b>		9. Casing: Material <b>PLS</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>15</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>6</b> in. to <b>120</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>1280</b>			
<b>YELLOW CLAY</b>				<b>4</b>		<b>12</b>		10. Screen: Manufacturer's name <b>JESS LOWEL</b> Type <b>PVC</b> Dia. <b>6</b> Slot/gauze <b>1/16</b> Length <b>25</b> Set between <b>80</b> ft. and <b>115</b> ft. _____ ft. and _____ ft. Gravel pack? <input type="checkbox"/> Size range of material _____			
<b>YELLOW SOAPSTONE</b>				<b>12</b>		<b>22</b>		11. Static water level: _____ mo./day/yr. <b>21</b> ft. below land surface Date <b>9/7/76</b>			
<b>GREY SHALE</b>				<b>22</b>		<b>52</b>		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.			
<b>BLUE LIMESTONE</b>				<b>52</b>		<b>62</b>		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
<b>DARK SHALE</b>				<b>62</b>		<b>80</b>		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>16</b> inches above grade			
<b>GREY SAND</b>				<b>80</b>		<b>115</b>		15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>26</b> ft.			
<b>GREY SHALE</b>				<b>115</b>		<b>120</b>		16. Nearest source of possible contamination: ft. _____ Direction _____ Type <b>NONE</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(Use a second sheet if needed)								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			
18. Elevation:		19. Remarks: <b>David Waggoner</b> <b>IS BUILDING A NEW HOUSE</b> <b>HERE. HE KNOWS THE</b> <b>REGULATIONS</b>				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>FURNINGS WELLSERU 312</b> Business name _____ License No. _____ Address <b>TAKONTOKAN</b> Signed <b>[Signature]</b> Date <b>9/24/76</b> Authorized representative					

T 28 R 14 S 1 NE 1/4

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

Form WWC-5