

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 NEOSHO		Fraction N 1/4 NW 1/4	Section number 10	Township number T 27 S	Range number R 14 E
2. Distance and direction from nearest town or city: 3 W AND 2 N			3. Owner of well: JERRY WHITWORTH		
Street address of well location if in city: CHANNUTE			City, state, zip code: CHANNUTE KAN		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 7 in. Completion date 9/3/96	
				Well depth 80 ft.	
5. Type and color of material		From	To	7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
DARK SOIL		0	3	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
YELLOW CLAY		3	13	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
SANDY CLAY		13	18	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock	
GREY SHALE		18	26	<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
DARK SHALE		26	36	9. Casing: Material PVC Height: Above or below	
BN SHALY LIME		36	38	Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 30 in.	
GREY SHALE		38	40	RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.	
BLUE LIME		40	43	Dia. 6 in. to 30 ft. depth Wall Thickness: inches or	
WHITE LIME		43	70	Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 280	
				10. Screen: Manufacturer's name JESS LOWELL	
				Type PVC Dia. 6	
				Slot/gauze 1/16 Length 10	
				Set between 15 ft. and 25 ft.	
				Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>	
				11. Static water level: <input type="checkbox"/> ft. below land surface Date 9/3/96	
				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 30 g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
				14. Well head completion:	
				<input checked="" type="checkbox"/> Pitless adapter 32 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:	
				ft. 110 Direction NORTH Type SEWER	
				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	
18. Elevation:		19. Remarks: MR. WHITWORTH IS		20. Water well contractor's certification:	
Topography:		PURIN HAS SLAB AND		This well was drilled under my jurisdiction and this report	
<input type="checkbox"/> Hill		PUMP		is true to the best of my knowledge and belief. 9/3	
<input checked="" type="checkbox"/> Slope				CUMMINGS WELL SERV	
<input checked="" type="checkbox"/> Upland				Business name TOPOX TO HAN License No. <input type="checkbox"/>	
<input type="checkbox"/> Valley				Address CHANNUTE KAN	
				Signed [Signature] Date 9/3/96	
				Authorized representative	

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

Form WWC-5