

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 SW 1/4 NE 1/4 NE 1/4 Section number 04 Township number T 27 S R 18 Range number (-E)W	
2. Distance and direction from nearest town or city: 3 1/2 MI Street address of well location if in city: EAST OF CHANUTE 3. Owner of well: OTIS AUSTREY R.R. or street: RD #3 City, state, zip code: CHANUTE KAS	
4. <input checked="" type="checkbox"/> Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="flex: 1;"> </div> <div style="flex: 1; text-align: center;"> <p>X WATER WELL</p> <p>SOUTH SLOPE</p> </div> </div>	
5. Type and color of material	
	From To
DARK SOIL	0 3
YELLOW SAND & ROCK SAND	3 30
GREY SAND & ROCK	30 44
GREY LIME	44 110
BLACK SHALE	110 112
GREY LIME	112 120
GREY SHALE	120 130
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: THIS IS A BIROME FIELD THAT IS A PROPOSED BUILDING SITE.
6. Bore hole dia. 4 in. Completion date 4/4/79 Well depth 130 . 7. 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 9. Casing: Material PVC Height: Above or below Throded <input type="checkbox"/> Welded GL Surface 15 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 4 in. to 130 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 280 10. Screen: Manufacturer's name JESS LOWELL Type PVC Dia. 4 Slot/gauze 1/16 Length 10 Set between 30 ft. and 440 ft. <input checked="" type="checkbox"/> gravel pack? NO Size range of material _____ 11. Static water level: _____ mo./day/yr. 12 ft. below land surface Date 4/4/79 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5 _____ g.p.m. 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 14. Well head completion: <input type="checkbox"/> Pitless adapter 15 Inches above grade 15. Well grouted? YES With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft. 16. Nearest source of possible contamination: _____ ft. _____ Direction E-SE type _____ 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 _____ 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. EUMMINGS WELL SEW 312 Business name TOAGITO PLAN License No. _____ Address _____ Signed [Signature] Date 4/5/79 Authorized representative	

27-18-24 SW 1/4
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5