

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 <u>NEOSHO</u> Fraction <u>SW 1/4 SW 1/4 NE 1/4</u> Section number <u>24</u> Township number <u>T 27 S R 18 E</u> Range number <u>E/W</u>			
2. Distance and direction from nearest town or city: <u>4 MI. E OF CHANUTE</u> Street address of well location if in city: <u>PT. 3 BOX 95A CHANUTE KAN</u> 3. Owner of well: <u>DON STRACK</u> R.R. or street: <u>PT. 3 BOX 95A</u> City, state, zip code: <u>CHANUTE KAN</u>			
4. Locate with "X" in section below: Sketch map: <u>SLOPE</u> <u>SEPTIC TANK</u> <u>WELL</u> <u>HOSE</u>			
<div style="display: flex; align-items: center;"> <div style="text-align: center;"> <p>1 Mile</p> <p>1 Mile</p> </div> <div style="margin-left: 20px;"> <p>6. Bore hole dia. <u>4</u> in. Completion date <u>8/25/48</u> Well depth <u>80</u> ft.</p> <p>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</p> <p>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</p> <p>9. Casing: Material <u>PVC</u> Height: <u>Above</u> below Threaded <input type="checkbox"/> Welded <u>GL</u> Surface <u>16</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>16</u> lbs./ft. Dia. <u>4</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. <u>4</u> in. to <u>80</u> ft. depth gage No. <u>1250</u></p> </div> </div>			
5. Type and color of material			
TOP SOIL	From	To	10. Screen: Manufacturer's name <u>JES LOWELL</u>
BROKEN BW SAND ROCK	0	2	Type <u>PVC</u> Dia. <u>4"</u>
SOLID BW SAND ROCK	2	17	Slot/gauze <u>1/16</u> Length <u>10"</u>
GREY SAND	17	32	Set between <u>90</u> ft. and <u>80</u> ft.
WHITE SAND ROCK	32	38	Gravel pack? <u>NO</u> Size range of material _____
GREY LINE	38	43	11. Static water level: _____ mp./day/yr. <u>15</u> ft. below land surface Date <u>8/25/48</u>
WHITE LINE	43	48	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.
WHITE SAND ROCK	48	69	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
	69	80	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>16</u> 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 <u>0</u> ft. to <u>16</u> ft.
			16. Nearest source of possible contamination: <u>SEPTIC</u> ft. <u>WEST</u> Direction <u>180</u> Type <u>TANK</u> 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
(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: <u>THIS IS A BUILDING SITE / DON STRACK IS GOING TO RUN HIS PUMP</u>		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. <u>LUMMINGS WELL SERV 312</u> Business name <u>TOPONZO KAN</u> License No. _____ Address _____ Signed <u>[Signature]</u> Date <u>9/26/48</u> Authorized representative

T 27 S R 18 E Sec 24

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

Form WWC-5