

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>SW 1/4 SE 1/4 SW 1/4</b>	Section number <b>28</b>	Township number <b>T 27 S S</b>	Range number <b>R 18 E E/W</b>
2. Distance and direction from nearest town or city: <b>NORTH WEST BLOCK</b> Street address of well location if in city: <b>13 COMMERCIAL &amp; ELVIS AVE.</b>			3. Owner of well: <b>BOB MANLEY</b> R.R. or street: <b>R.T. 4. BOX 1664</b> City, state, zip code: <b>CHARLITE KAN</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>7</b> in. Completion date <b>8/12/78</b> Well depth <b>100</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>TOP SOIL</b>		<b>0</b>	<b>3</b>	9. Casing: Material <b>PLS</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <b>GL</b> Surface <b>2 1/2</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>4</b> in. to <b>100</b> depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>280</b>	
<b>SAND &amp; GRAVEL</b>		<b>3</b>	<b>6</b>	10. Screen: Manufacturer's name <b>JESS LOWELL</b> Type <b>PVC</b> Dia. <b>4"</b> Slot/gauze <b>1/4</b> Length <b>20'</b> Set between <b>40</b> ft. and <b>60</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft.	
<b>BROWN SAND &amp; GRAVEL</b>		<b>6</b>	<b>14</b>	11. Static water level: _____ mo./day/yr. <b>19</b> ft. below land surface Date <b>8/15/78</b>	
<b>GREY SHALE</b>		<b>14</b>	<b>41</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>GREY SAND &amp; GRAVEL</b>		<b>41</b>	<b>58</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<b>SANDY SHALE</b>		<b>58</b>	<b>71</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade	
<b>BROWN LIME</b>		<b>71</b>	<b>100</b>	15. Well grouted? <b>YES</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.	
(Use a second sheet if needed)				16. Nearest source of possible contamination: <b>SAND</b> ft. <b>20'</b> Direction <b>30°</b> Type <b>CANK</b> 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	
18. Elevation:	19. Remarks: <b>THIS WELL IS IN THE SOUTH EDGE OF CHARLITE KAN ON A NEW BUILDING SITE NIP MANLEY. RAN HIS OWN PUMP</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>EDWINNINGS WELL SERV 312</b> Business name _____ License No. _____ Address <b>TOPEKA KAN.</b> Signed <b>Edwinning</b> Date <b>8/12/78</b> Authorized representative		

T 27 S  
 R 18 E  
 Sec 28  
 SW 1/4  
 SW 1/4  
 SW 1/4

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

Form WWC-5