

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 SE 1/4 SE 1/4 SE 1/4 Section number 30 Township number T 27 S R 18 Range number E 1	
2. Distance and direction from nearest town or city: 1/4 MI. S.W. 3. Owner of well: BART BECK Street address of well location if in city: OF CHANUTE R.R. or street: 525 S FOREST City, state, zip code: CHANUTE KAN	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
DARK SOIL	From 0 To 5
SHELLY LIME	5 10
YELLOW CLAY	10 16
HARD GREY LIME	16 18
YELLOW CLAY	18 22
SOAP STONE	22 25
DARK SHALE	25 33
WHITE SAND S.O.N.	33 75
WHITE SHALE	75 90
6. Bore hole dia. 7 in. Completion date 12/12/30 Well depth 90 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	
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 PLS Height: Above or below Threaded <input type="checkbox"/> Welded CL Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 6 in. to 90 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 220	
10. Screen: Manufacturer's name JESS LOWELL Type DUC Dia. 6 Slot/gauze 1/16 Length <input type="checkbox"/> Set between 35 ft. and 75 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>	
11. Static water level: <input type="checkbox"/> mo./day/yr. 16 ft. below land surface Date 12/12/30	
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 4 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 type="checkbox"/> Pitless adapter 12 inches above grade <input checked="" type="checkbox"/> 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 15 ft.	
16. Nearest source of possible contamination: HORSE ft. 300 Direction EAST Type LOT 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	
(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 PROPOSED BUILDING SITE
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. LUMMINGS WELL SERV 310 Business name LUMMINGS WELL SERV 310 License No. <input type="checkbox"/> Address TORONTO KAN Signed Wm. Lummings Date 12/12/30 Authorized representative	

T 27 S R 18 E 1
 Sec 30 SE SE SE

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

Form WWC-5