


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

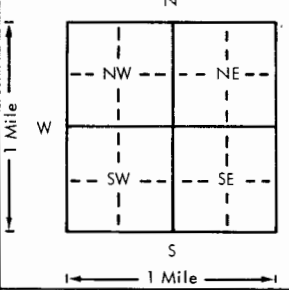
1. Location of well:	County Butler	Fraction SE 1/4 1/4 1/4	Section number 24	Township number T 27 S	Range number S R 5 E E/W
2. Distance and direction from nearest town or city: Leon, Kansas on Highway 96 Street address of well location if in city:			3. Owner of well: Kenneth Spivey R.R. or street: R. R. # 2 City, state, zip code: Leon, Kansas 67074		
4. Locate with "X" in section below: 			6. Bore hole dia. 11 in. Completion date 2-26-80 Well depth 200 ft.		
5. Type and color of material			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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material steel Height: Above or below XXX Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 24 lbs./ft. Dia. 8 5/8 in. to 22 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 10		
			10. Screen: Manufacturer's name NONE Type NONE Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? No Size range of material _____		
			11. Static water level: _____ mo./day/yr. 85 ft. below land surface Date 2-29-80		
			12. Pumping level below land surfaces: comp. drw down. _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.h. _____ 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 _____ Inches above grade		
			15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 2 ft. to 22 ft.		
			16. Nearest source of possible contamination: ft. 80 ft Direction west Type Natural 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: Casing was cemented to 3 ft. of ground level.		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. Abraham & Plummer 181-A Business name License No. Address Leon, Kansas Signed Jay Abraham 3-24-80 Date Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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1/4 1/4 N/4

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1. Location of well:	County Butler	Fraction 1/4 1/4 1/4	Section number 24	Township number T 27 S S	Range number R 5 E E/W
2. Distance and direction from nearest town or city: 2 1/4 mi. W. of Leon, Kansas Street address of well location if in city:			3. Owner of well: Kenneth Spivey R.R. or street: R. R. # 2 City, state, zip code: Leon, Kansas 67074		
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.
Green Shale			165	167	7. ___ Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary
Redbed			167	173	8. Use: ___ Domestic ___ Public supply ___ Industry ___ Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other
Green Shale			173	175	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____
Lime			175	185	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? ___ Size range of material _____
Blue Shale			185	200	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
(Use a second sheet if needed)					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
					13. Water sample submitted: _____ mo./day/yr. ___ Yes ___ No Date _____
					14. Well head completion: ___ Pitless adapter _____ inches above grade
					15. Well grouted? _____ With: ___ Neat cement ___ Bentonite ___ Concrete Depth: From _____ ft. to _____ ft.
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? ___ Yes ___ No
					17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: ___ Submersible _____ Turbine ___ Jet _____ Reciprocating ___ Centrifugal _____ Other
18. Elevation: Topography: ___ Hill ___ Slope ___ Upland ___ Valley	19. Remarks:		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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative		

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

Form WWC-5