

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>EIK</b>	Fraction <del>1/4</del> <del>1/2</del> <b>NE SE NW</b> <del>1/4</del> <del>1/2</del> <b>1/4</b>	Section number <b>2</b>	Township number <b>T 31</b>	Range number <b>S R 11</b>	E/W <b>E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Neal Osborn</b> R.R. or street: City, state, zip code: <b>EIK FALLS, KANS.</b>				
4. Locate with "X" in section below:		Sketch map: <b>Hill slopes to SW</b>			6. Bore hole dia. <b>10</b> in. Completion date <b>Sept 25 1976</b> Well depth <b>125</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"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
Soil		0	2	9. Casing: Material <input type="checkbox"/> Thru <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>36</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia <b>8</b> in. to <b>125</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>CI 160</b>			
SANDstone		2	4	10. Screen: Manufacturer's name <b>WIMP</b> Type <b>Slot</b> Dia. <b>8"</b> Slot/gauze <b>1/8</b> Length <b>30'</b> Set between <b>70</b> ft. and <b>100</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>14-3/8</b>			
Shale		4	20	11. Static water level: _____ mo./day/yr. <b>27</b> ft. below land surface Date <b>9-25-76</b>			
Limestone, brown		20	23	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ <b>3</b> g.p.m.			
Shale, grey		23	48	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
Lime, grey		48	53	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade			
Shale, grey		53	62	15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>25</b> ft.			
SANDstone, light grey,		62	80	16. Nearest source of possible contamination: ft. <b>500</b> Direction <b>SW</b> Type <b>Pond</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Shale, blue		80	104	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			
Lime, hard, grey		104	112	18. Elevation:			
Lime, grey-sandy		112	124	19. Remarks: <b>Owner is to install pitless adapter + concrete slab. Owner is to send in water sample - + understands state requirements. No house construction has begun at this time - pump will be installed at a later date.</b>			
Shale, dark grey		124		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>Bailey Drilling Co. 209</b> Business name _____ License No. _____ Address <b>Burden, KANS. 67019</b> Signed <b>Alton Bailey</b> Date <b>9-29-76</b> Authorized representative			

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

Form WWC-5

*Neal Osborn*

T 31  
 R 11  
 S R 11  
 NE SE NW  
 Sec 2