

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 MONTGOMERY (NE 1/4 NE 1/4 SW 1/4)		Section number 26	Township number T 31 S R 16 E/W
2. Distance and direction from nearest town or city: 4 MILE EAST OF SYCAMORE KS.		3. Owner of well: PHILLIP EASTOP R.R. or street: 609 MAIN City, state, zip code: NEODESHA KANS. 66757	
4. Locate with "X" in section below: Sketch map:		6. Bore hole dia 4 in. Completion date 9-18-78 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	
5. Type and color of material		9. Casing: Material PLASTIC Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> 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. 0.316	
CLEANED OUT HOLE. MADE IT TO 90 FT.		10. Screen: Manufacturer's name _____ Type PLASTIC PVC Dia. 6 IN Slot gauze 1/8 IN Length 40 FT Set between 50 ft. and 90 ft. ft. and _____ ft. Gravel pack? YES size range of material 1/4" - 1/2"	
		11. Static water level: _____ mo./day/yr. 40 ft. below land surface Date 9-18-78	
(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 3 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 0 ft. to 10 ft.	
		16. Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ 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: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: CONCRETE SLAB TO BE INSTALLED BY CUSTOMER AT SURFACE OF GROUND. HE KNOWS THIS IS A REGULATION.		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. MOORE DRILLING CO 345 Business name Box 22 License No. _____ Address DEARBORN KANS. 67340 Signed Dick Moore Date _____ Authorized representative

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

Form WWC-5