

17-27-31

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	Fraction NE 1/4 NW 1/4 SW 1/4	Section number 27	Township number T 31 S R 16 E W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:		3 West of Cherryvale 4 mi NO +		3. Owner of well: Dr. Phillip B. Eastep R.R. or street: R#1 Cherryvale, KS City, state, zip code: 67335		
4. Locate with "X" in section below:		Sketch map: Road		6. Bore hole dia. 9.5 in. Completion date 9/7/78 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		
5. Type and color of material UNKNOWN		From		To		
<p>I just bored the well out again & cleaned it out. Dr. Eastep had the well drilled last fall (1977) by Delbert Moore of Tyro, Ks. Well collapsed below casing. Mr. Moore is going to re-case the well again. I did nothing else to the well.</p>				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 _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP UNKNOWN Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. _____		
				10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input type="checkbox"/> Size range of material _____		
				11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date 9/7/78		
				12. Pumping level below land surfaces: NA _____ 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: _____ _____ Pitless adapter _____ inches above grade		
				15. Well grouted? NO 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: <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		
				(Use a second sheet if needed)		
18. Elevation:	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. Bills Water Well Drilling 366 Business name _____ License No. _____ Address RI Box 127 Thayer, KS Signed Bill Jaught Date 9/7/78 Authorized representative			
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

31 T 16 E 27 Sec NE 1/4 SW 1/4

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

Form WWC-5