

208

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>Leavenworth</b>	Fraction <b>SE 1/4 SW 1/4 SE 1/4</b>	Section number <b>22</b>	Township number <b>8</b>	Range number <b>21</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:		<b>3 miles east &amp; 1 mile south of Easton, Kansas</b>		3. Owner of well: R.R. or street: City, state, zip code: <b>Mrs. Eisenring 1115 Ottawa Leavenworth, Kansas 66048</b>		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <b>8</b> in. Completion date <b>7-23-79</b> Well depth <b>80</b> ft.		
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input checked="" 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		
Top Soil		0	1	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		
Clay		1	23	9. Casing: Material <b>PL.</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>65</b> ft. depth   Wall Thickness: inches or Dia. _____ in. to _____ ft. depth   Gage No. <b>205</b>		
Blue Mud		23	38	10. Screen: Manufacturer's name <b>(Slotted Pipe)</b> <b>Vinylplex, Inc.</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>.06 1/16</b> Length <b>6</b> ft. Set between <b>38</b> ft. and <b>44</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4-1/8</b>		
Mud & Sand & Gravel		38	44	11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>7-23-79</b>		
Sand & Gravel		44	52	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>12</b> g.p.m.		
Lime		52	60	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Shale		60	70	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>18</b> Inches above grade		
Lime		70	74	15. Well grouted? <input checked="" type="checkbox"/> Yes With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>15</b> ft.		
Sandstone - Gray		74	80	16. Nearest source of possible contamination: ft. <b>400!</b> Direction <b>north</b> Type <b>septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)				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: <b>1080</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>112.0</b>		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>BREUER, INC.</b> License No. <b>174</b> Business name Address <b>Box 147, Basehor, Ks.</b> Signed <b>Arthur L. Breuer</b> Date <b>7/24/79</b>			

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

Form WWC-5

BR elev = 1028  
water = 1050

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

*Easton*

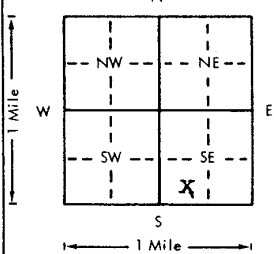
*AST [Signature]*

*VD*

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