

TYPEWRITER OR BALL  
PEN-PRESS FIRMLY,  
CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

Location of well:	County <u>Neosho</u>	Fraction <u>S 1/4 S 1/4 S 1/4</u>	Section number <u>27</u>	Township number <u>T 18</u>	Range number <u>R 24</u>	E/W <u>DKL</u>
Distance and direction from nearest town or city:	3. Owner of well: <u>Ben Rufenacht</u>		R.R. or street: <u>Neosho City</u>			
Address of well location if in city:	Sketch map: <u>1 east 1 north</u>		City, state, zip code:			
State with "X" in section below:			6. Bore hole dia. <u>8</u> in. Completion date <u>5-30-78</u> Well depth <u>61</u> ft.			
Type and color of material	From	To	7. 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			
			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 _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Well Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____			
			10. Screen: Manufacturer's name _____ Type <u>10 ft</u> Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> size range of material _____			
			11. Static water level: _____ mo./day/yr. <u>49</u> ft. below land surface Date <u>5-30-77</u>			
			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: <input type="checkbox"/> Fittless 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		17. Pump: _____ 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				
Location:	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.			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative			

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

Form WWC-5