

TYPEWRITER OR BALL-
POINT PEN—PRESS FIRMLY,
CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1 Location of well: | | County <i>Leavenworth</i> | Township name | Fraction <i>NW</i> | Section number <i>14</i> | Town number <i>24</i> | Range number <i>35</i> |
| Distance and direction from nearest town or city: <i>100 South Osfield</i> | | | | 3 Owner of well: <i>Bob Baker</i> | | | |
| Street address of well location if in city: | | | | Address: <i>Osfield, Mo.</i> | | | |
| Locate with "X" in section below: | | Sketch map: | | 4 Well depth: <i>295</i> ft. Date of completion <i>10/21/75</i> Well diameter <i>5</i> in. | | | |
| | | | | 5 <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 | | | |
| 2 | | Type and color of material | | From | To | 6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> | |
| | | <i>Topsoil</i> | | <i>0</i> | <i>6</i> | 7 Casing: Material <i>POC</i> Height <i>above</i> below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <i>1 1/2</i> in. Diam. <i>5</i> in. Weight <i>5.1/2</i> lbs./ft. <i>5</i> in. to <i>25</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | <i>Brown clay</i> | | <i>6</i> | <i>10</i> | 8 Screen: Manufacturer <i>JET STREAM</i> Type <i>POC</i> Dia. <i>5</i> <i>Slot</i> gauze Length <i>20'</i> Set between <i>235</i> ft. and <i>25</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/4"</i> | |
| | | <i>Coarse gravel (mixed w/ clay)</i> | | <i>10</i> | <i>26</i> | 9 Static water level: <i>42</i> ft. below land surface Date <i>9/25/75</i> | |
| | | <i>Brown Sandy clay</i> | | <i>26</i> | <i>32</i> | 10 Pumping level below land surfaces: <i>126</i> ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <i>20</i> g.p.m. | |
| | | <i>fine D med sand & gravel (loose)</i> | | <i>32</i> | <i>40</i> | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___ | |
| | | <i>Brown Sandy clay</i> | | <i>40</i> | <i>70</i> | 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <i>12</i> inches above grade | |
| | | <i>fine D med sand & gravel (loose)</i> | | <i>70</i> | <i>75</i> | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Portland Depth: From <i>5</i> ft. to <i>15</i> ft. | |
| | | <i>Brown Sandy clay</i> | | <i>75</i> | <i>80</i> | 14 Nearest source of possible contamination: ft. <i>100</i> Direction <i>E</i> Type <i>Abund</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <i>fine D med sand & gravel (loose)</i> | | <i>80</i> | <i>93</i> | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <i>PUMACO</i> Model number <i>2000</i> HP <i>1 1/2</i> Volts <i>230</i> Length of drop pipe <i>126</i> ft. capacity <i>20</i> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | |
| | | <i>Brown sandy clay</i> | | <i>105</i> | <i>110</i> | 17 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. <i>Jonagan J. J. 172</i> Business name <i>Shelby Co.</i> License No. <i>172</i> Address <i>South Osfield</i> Signed <i>Jonagan J. J.</i> Date <i>12/1/75</i> Authorized representative | |
| | | <i>fine D med sand & gravel (loose)</i> | | <i>110</i> | <i>136</i> | | |
| | | <i>Hard Rock</i> | | <i>136</i> | <i>137</i> | | |
| | | <i>fine D med sand & gravel (loose)</i> | | <i>137</i> | <i>140</i> | | |
| | | <i>fine D med sand & gravel (loose)</i> | | <i>140</i> | <i>145</i> | | |
| 16 Remarks: elevation | | | | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | | | | | | |

24 35W 14 SW SE NW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

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

T R EW sec 1/4 1/4 1/4 No.

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| 1 Location of well: | County | Township name | Fraction | Section number | Town number | Range number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city: | | | | 3 Owner of well: <i>Bob Baker</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street address of well location if in city: | | | | Address: <i>Deepfield, Mo.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Locate with "X" in section below: N  W E S 1 Mile | | | Sketch map: <i>#2</i> <i>(cont)</i> | | 4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Type and color of material | | | From To | | 5 <input 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><i>Brown Sandy clay</i></td> <td style="width:10%;"><i>145</i></td> <td style="width:10%;"><i>156</i></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> </tr> <tr> <td><i>Hard Rock</i></td> <td><i>156</i></td> <td><i>160</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>fine Dried sand & gravel (loose)</i></td> <td><i>160</i></td> <td><i>167</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Brown Sandy clay</i></td> <td><i>167</i></td> <td><i>173</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>fine Dried sand & gravel (loose)</i></td> <td><i>173</i></td> <td><i>185</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Brown Sandy clay</i></td> <td><i>185</i></td> <td><i>206</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>fine Dried sand & gravel (loose)</i></td> <td><i>206</i></td> <td><i>215</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Brown Sandy clay</i></td> <td><i>215</i></td> <td><i>230</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>fine sand (loose)</i></td> <td><i>230</i></td> <td><i>235</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>White Rock (Hard)</i></td> <td><i>235</i></td> <td><i>240</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Brown Sandy clay (blot red)</i></td> <td><i>240</i></td> <td><i>248</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Hard Rock</i></td> <td><i>248</i></td> <td><i>250</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Brown Sandy clay</i></td> <td><i>250</i></td> <td><i>255</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>fine Sand (loose)</i></td> <td><i>255</i></td> <td><i>260</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Brown clay (streaky)</i></td> <td><i>260</i></td> <td><i>277</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>fine Dried sand & gravel (loose)</i></td> <td><i>277</i></td> <td><i>295</i></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | <i>Brown Sandy clay</i> | <i>145</i> | <i>156</i> | | | | | <i>Hard Rock</i> | <i>156</i> | <i>160</i> | | | | | <i>fine Dried sand & gravel (loose)</i> | <i>160</i> | <i>167</i> | | | | | <i>Brown Sandy clay</i> | <i>167</i> | <i>173</i> | | | | | <i>fine Dried sand & gravel (loose)</i> | <i>173</i> | <i>185</i> | | | | | <i>Brown Sandy clay</i> | <i>185</i> | <i>206</i> | | | | | <i>fine Dried sand & gravel (loose)</i> | <i>206</i> | <i>215</i> | | | | | <i>Brown Sandy clay</i> | <i>215</i> | <i>230</i> | | | | | <i>fine sand (loose)</i> | <i>230</i> | <i>235</i> | | | | | <i>White Rock (Hard)</i> | <i>235</i> | <i>240</i> | | | | | <i>Brown Sandy clay (blot red)</i> | <i>240</i> | <i>248</i> | | | | | <i>Hard Rock</i> | <i>248</i> | <i>250</i> | | | | | <i>Brown Sandy clay</i> | <i>250</i> | <i>255</i> | | | | | <i>fine Sand (loose)</i> | <i>255</i> | <i>260</i> | | | | | <i>Brown clay (streaky)</i> | <i>260</i> | <i>277</i> | | | | | <i>fine Dried sand & gravel (loose)</i> | <i>277</i> | <i>295</i> | | | | | 7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth | |
| | | | <i>Brown Sandy clay</i> | <i>145</i> | <i>156</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Hard Rock</i> | <i>156</i> | <i>160</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>fine Dried sand & gravel (loose)</i> | <i>160</i> | <i>167</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Brown Sandy clay</i> | <i>167</i> | <i>173</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>fine Dried sand & gravel (loose)</i> | <i>173</i> | <i>185</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Brown Sandy clay</i> | <i>185</i> | <i>206</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>fine Dried sand & gravel (loose)</i> | <i>206</i> | <i>215</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Brown Sandy clay</i> | <i>215</i> | <i>230</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>fine sand (loose)</i> | <i>230</i> | <i>235</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>White Rock (Hard)</i> | <i>235</i> | <i>240</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Brown Sandy clay (blot red)</i> | <i>240</i> | <i>248</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Hard Rock</i> | <i>248</i> | <i>250</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Brown Sandy clay</i> | <i>250</i> | <i>255</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>fine Sand (loose)</i> | <i>255</i> | <i>260</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Brown clay (streaky)</i> | <i>260</i> | <i>277</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>fine Dried sand & gravel (loose)</i> | <i>277</i> | <i>295</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Remarks: elevation | | | | | 8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 9 Static water level: _____ ft. below land surface Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Topography:</p> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | 10 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 17 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

24 35 W 14 SW SE NW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5