

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>HAPER</b>		Fraction <b>SE 1/4</b>		Section number <b>9</b>		Township number <b>T 31</b>		Range number <b>S R 7</b>	
2. Distance and direction from nearest town or city: <b>6 miles south of Harper Kansas</b> Street address of well location if in city: <b>1/2 mile west NORTH</b>				3. Owner of well: <b>Harold Eslinger</b> R.R. or street: <b>R3 Harper</b> City, state, zip code: <b>67058</b>					
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: N E W S County Road 5 Trailer House Well Septic Tank		6. Bore hole dia. <b>8</b> in. Completion date <b>3/3/76</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			
Sail		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			
Sand Brown		10		10		9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.			
Fine Sand		20		30		Dia. <b>5</b> in. to <b>80</b> ft. depth Well Thickness inches Dia. <b>5</b> in. to <b>80</b> ft. depth Gauge No. <b>14</b>			
Sand coarse		40		50		10. Screens: Manufacturer's name <b>Jess Howell</b>			
Sand yellow		60		70		Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>1/4</b> Length <b>10</b> Set between <input checked="" type="checkbox"/> <b>70</b> ft. and <input checked="" type="checkbox"/> <b>80</b> ft. _____ ft. and _____ ft.			
Clay and sand		80				Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4</b>			
80 feet Total Depth of Well. Clay Bottom						11. Static water level: _____ mo./day/yr. <b>65</b> ft. below land surface Date <b>3/3/76</b>			
						12. Pumping level below land surfaces: _____ ft. after <b>1 hr.</b> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
						14. Well head completion: <b>well House</b> <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade			
						15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>1</b> ft. to <b>10</b> ft.			
						16. Nearest source of possible contamination: <b>TANK</b> Direction <b>WEST</b> Type <b>HUMAN</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
						17. Pump: _____ Not installed Manufacturer's name <b>Bunker Jess Pump</b> Model number <b>HD101</b> HP <b>1</b> Volts <b>230</b> Length of drop pipe <b>10</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
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. <b>Webb Well Service 226</b> Business name _____ License No. _____ Address <b>Nashville Kansas</b> Signed <b>Leon Allen</b> Date <b>3/3/76</b> Authorized representative					

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

Form WWC-5