

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: Cloud	Fraction: SW 1/4 SW 1/4 NW 1/4	Section number: 32	Township number: T 5 S	Range number: R 2 E/W
2. Distance and direction from nearest town or city:	5 mi E 1/2 S		3. Owner of well: Gene Charbonneau	R.R. or street: R.F.D. 3	
Street address of well location if in city:	Concordia Mo		City, state, zip code: Concordia Kansas 66901		
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. 2 in. Completion date: 7/13/77 Well depth 150 ft.		
			7. <input checked="" 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		
5. Type and color of material	From	To	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		
Black soil	0	14	9. Casing: Material _____ Height: (Above or below) Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 120 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 14		
Grey clay	15	48	10. Screen: Manufacturer's name Car Tech Type 160 Dia. 3 in Slot/gauze 3/16 Length 30 ft Set between 130 ft. and 160 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 in		
Red clay	49	78	11. Static water level: _____ mol./day/yr. 90 ft. below land surface Date _____		
Sandstone	79	92	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after NO hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Red clay	93	110	13. Water sample submitted: _____ mo. 7/15/77 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sandstone	111	150	14. Well head completion: NO <input type="checkbox"/> Pitless adapter _____ Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 5 ft. to 15 ft.		
			16. Nearest source of possible contamination: ft. 600 Direction North Type Creek Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: NO _____ 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: 1340 ft	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. 247 CARL THOMAN, JR Business name 33 E 16 S Concordia Mo License No. _____ Carl Thoman Date 7/20/77 Authorized representative		

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

Form WWC-5