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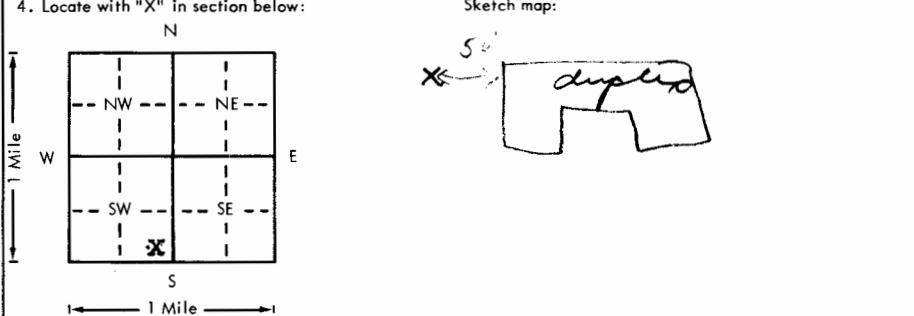
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USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

SW

1. Location of well: County <b>Leavenworth</b>		Fraction: <b>SE 1/4 SE 1/4 SW 1/4</b>		Section number <b>11</b>	Township number T <b>11</b> S R	Range number <b>21</b> E W
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1 mile east of Tonganoxie, Ks.</b>				3. Owner of well: <b>Betty Labyorteaux</b> R.R. or street: <b>Route 3, Box 157</b> City, state, zip code: <b>Tonganoxie, Kansas</b>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <b>8</b> in. Completion date <b>03-27-79</b> Well depth <b>100</b> ft.		
5. Type and color of material				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		
				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		
				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 <b>PVC</b> <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>101</b> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>265</b>		
				10. Screens: Manufacturer's name <b>(Slotted Pipe) Vinylplex, Inc.</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>.06 1/16</b> Length <b>40'</b> Set between <b>20</b> ft. and <b>40</b> ft. <b>80</b> ft. and <b>100</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 - 1/8</b>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>5</b> ft. below land surface Date <b>03-27-79</b>		
				12. Pumping level below land surfaces: <b>3</b> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>18</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>3</b> ft. to <b>15</b> ft.		
				16. Nearest source of possible contamination: ft. <b>200'</b> Direction <b>SE</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Jacuzzi</b> Model number <b>584B</b> HP <b>1/2</b> Volts <b>220</b> Length of drop pipe <b>90</b> ft. capacity <b>10</b> g.p.m. 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		
				(Use a second sheet if needed)		
18. Elevation: <b>DA 838</b>		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>BREUER, INC.</b> <b>174</b> Business name License No. Address <b>Box 147, Basehor, Ks.</b> Signed <b>[Signature]</b> Date <b>3/29/79</b>		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5