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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

1. Location of well:	County <b>Leavenworth</b>	Fraction <b>SE<sub>1/4</sub> SE<sub>1/4</sub> SE<sub>1/4</sub></b>	Section number <b>8</b>	Township number <b>T 11 S R</b>	Range number <b>22</b> (E/W)
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
2. Distance and direction from nearest town or city: <b>1 mile south &amp; 2 miles west of Basehor, Ks.</b>			3. Owner of well: <b>Mr. Robert Bethard</b> <b>R. R. 2 Box 117</b> <b>Bonner Springs, Kansas</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>7-19-76</b> Well depth <b>120</b> 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	
Top Soil		0	1	9. Casing: Material <b>PI</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>0</b> in. to <b>121</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>258</b>	
Clay		1	3	10. Screen: Manufacturer's name <b>Slotted Pipe Vinylplex, Inc.</b> Type <b>PVC</b> Dia. _____ Slot/gauze <b>.06 1/16</b> Length _____ Set between <b>60</b> ft. and <b>94</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 - 1/8</b>	
Sandstone		3	6	11. Static water level: _____ mo./day/yr. <b>60</b> ft. below land surface Date <b>7-19-76</b>	
Clay		6	20	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>4</b> g.p.m.	
Shale		20	59	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Sandstone - Grey		59	91	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>18</b> Inches above grade	
Lime		91	94	15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>23</b> ft.	
Shale		94	99	16. Nearest source of possible contamination: ft. <b>100</b> ft. Direction <b>east</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lime		99	112	17. Pump: _____ Not installed Manufacturer's name <b>Jacuzzi</b> Model number <b>5SLB</b> HP <b>1/2</b> Volts <b>220</b> Length of drop pipe <b>110</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	
Shale		112	119	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> License No. <b>171</b> Business name _____ License No. _____ Address <b>Box 117 Basehor, Ks 66607</b> Signed _____ Date <b>7/19/76</b> Authorized representative	
Lime		119	120		
(Use a second sheet if needed)					
18. Elevation: <b>955</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>962 from map</b>			

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

Form WWC-5

BR elev = 935

902  
▽ = 895

T 11 S R 22 E/W  
 17-220-8 SE SE SE  
 1/4 1/4