

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 CLARY	Fraction NW 1/4 SE 1/4	Section number 31	Township number T 18 S R 8 E/W	Range number 8
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: MELVIN WUNDERSEE R.R. or street: RT City, state, zip code: DWIGHT KS PHONE 482 3366			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. _____ in. Completion date _____ Well depth 122 ft.		
				7. <input checked="" type="checkbox"/> Cable tool _____ Rotary _____ Driven _____ Dug _____ _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary		
5. Type and color of material		From	To	8. Use: _____ Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning <input checked="" type="checkbox"/> Stock _____ Lawn _____ Oil field water _____ Other		
CLEAN OUT WELL				9. Casing: Material STYRE Height: Above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 5 in. to 140 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
				10. Screen: Manufacturer's name JESSY LOWELL Type 200 Dia. 5 Slot/gauze SAW BLADE Length _____ Set between 40 ft. and 122 ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
				11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
				12. 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.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
				14. Well head completion: _____ Pitless adapter 12 Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
				17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: _____ Submersible _____ Turbine _____ Jet <input checked="" type="checkbox"/> Reciprocating _____ Centrifugal _____ 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. L.H. RAUSE 156 Business name _____ License No. _____ Address GRONELL GROVE KS Signed [Signature] Date 11-23-76 Authorized representative	

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

Form WWC-5