

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: MIAMI Fraction: SW 1/4 NW 1/4 NW 1/4 Section number: 15 Township number: T 10 S R 25 E		2. Distance and direction from nearest town or city: 2.7 miles N + 2.25 miles E of LOUISBURG. Street address of well location if in city:		3. Owner of well: Robert Wohletz R.R. or street: 1316 N 106TH K.C. KANS. City, state, zip code:	
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. 8 in. Completion date 4/29/70 Well depth 170 ft.		
5. Type and color of material			7. <input checked="" type="checkbox"/> Cable tool <input 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		
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		
SURFACE			9. Casing: Material 1 Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 170 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. 3/16		
Drift (Br)			10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material 1/4/3/8		
SHALE (GRY)			11. Static water level: _____ mo./day/yr. 50 ft. below land surface Date 4-28-70		
Lime (GRY)			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping 2 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2 g.p.m.		
SHALE (DRK GRY)			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
SANDSTONE (GRY)			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
SHALE (LT GRY)			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 4 ft. to 15 ft.		
Lime (GRY)			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
SHALE (LT GRY)			17. Pump: <input checked="" type="checkbox"/> 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		
LIME (WHT)			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. A.G. GLAZE 350 Business name _____ License No. _____ Address 121 S. Cluster Signed Alva H. Glaze Date 5-27-70 Authorized representative		
SHALE (GRY)			18. Elevation: 1050		
LIME (DRK GRY)			19. Remarks: Customer is aware of State regulations and agrees to install a 4' square reinforced concrete platform around top of well. <input checked="" type="checkbox"/> Robert E. Wohletz		
SIATE (BLK)			TOTAL DEEPT 170 <small>(Use a second sheet if needed)</small>		
Lime (GRY)			Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		

T 16 R 25 W 15 Sec 15

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

Form WWC-5