

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 MORRIS	Fraction SE 1/4 NE 1/4 SE 1/4	Section number 12	Township number T 16 S	Range number R 7 E
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: GLAYTON BROCKERMAN R.R. or street: R 2 City, state, zip code: COUNCIL GROVE			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. _____ in. Completion date 9-24-75 Well depth 106 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: <input checked="" type="checkbox"/> Domestic _____ Public supply _____ Industry _____ _____ Irrigation _____ Air conditioning _____ Stock _____ _____ Lawn _____ Oil field water _____ Other _____		
				9. Casing: Material STAINLESS Weights 2 1/2 Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 5 in. to 67 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 25 Set between 67 ft. and 92 ft. 15 ft. and 107 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. PUMP OUT TOP _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____		
				14. Well head completion: _____ Pitless adapter 24 inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 20 ft.		
				16. Nearest source of possible contamination: _____ ft. 15 Direction NW Type WELL 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 _____ Reciprocating _____ Centrifugal _____ Other _____		
		(Use a second sheet if needed)				
18. Elevation:		19. Remarks:				
Topography: _____ Hill <input checked="" type="checkbox"/> Slope _____ Upland _____ Valley		to N				
		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 KRAUSE 156 Business name _____ License No. _____ Address 13 SOUTH BELFRY ST Signed L H KRAUSE Date 10-2 Authorized representative				

T 16 S R 7 E
Sec 12 SE NENSE
1/4 1/4 S/4

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

Form WWC-5