

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 1/4 1/4 CTR 1/4	Section number 8	Township number T 16	Range number S R 8 (BW)
2. Distance and direction from nearest town or city: NW TO CITY LAKE			3. Owner of well: HERBERT CUNDIFF		
Street address of well location if in city: SOUTH END DAM			R.R. or street: 3852 FRIAR LANE		
			City, state, zip code: WICHITA KS 67204		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date 4-29-78 Well depth 126 ft.	
				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	
				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 STYRENE Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 14 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 90 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>	
5. Type and color of material				10. Screen: Manufacturer's name JESS & ADWELL Type 200 Dia. 5 Slot/gauze SAWBLADE Length <input type="checkbox"/> Set between 90 ft. and 126 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>	
				11. Static water level: <input type="checkbox"/> mo./day/yr. 80 ft. below land surface Date <input type="checkbox"/>	
				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 14 Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.	
				16. Nearest source of possible contamination: NONE WITHIN 1/4 MILE ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type DRILLED Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: Manufacturer's name RUMPCO Not installed Model number 02518 HP 1/2 Volts 220 Length of drop pipe 72 ft. capacity <input type="checkbox"/> 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:		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. MRAUSE 156 Business name License No. Address COUNCIL GROVE KS Signed L.H. MRAUSE Date 5-25-78 Authorized representative	
Topography: <input checked="" 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