

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

NE 1/4 NW 1/4 NW 1/4 N 1/2 W 1/2 E 1/2

1. Location of well:		County MORRIS	Fraction NW 1/4 NW 1/4 NE 1/4	Section number 18	Township number T 16 S	Range number R 8 E
2. Distance and direction from nearest town or city: 4 W 1 N 1/2 E			3. Owner of well: JOHNNY LAIZURE			
Street address of well location if in city:			R.R. or street: RI LAKE			
			City, state, zip code: COUNCIL GROVE KANSAS 66846			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 7 in. Completion date 10-17-55 Well depth 70 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	
5. Type and color of material					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 STEEL Height: (Above or below) Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 72 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 40 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>	
					10. Screen: Manufacturer's name JESS FLOWELL	
					Type 200 Dia. 5 Slot/gauze SAW BLADES Length 20 Set between 40 ft. and 60 ft. 60 ft. and 70 ft.	
					Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>	
					11. Static water level: <input type="checkbox"/> mo./day/yr. 25 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input 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: ft. <input type="checkbox"/> Direction WEST Type WATERWAYS Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP 1/2 Volts 110 Length of drop pipe 65 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	
					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.H. BRAUSE 156 Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address 13 SOUTH BELFRY ST Signed A.H. Brause Date 001-30-1955 Authorized representative	
18. Elevation:		19. Remarks: to north				
Topography: <input type="checkbox"/> Hill <input checked="" 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

T 16
 R 8 E
 Sec 18
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