

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 MONTGOMERY	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 36	Township number T 34 S R 14 E/W	Range number 14
2. Distance and direction from nearest town or city: Street address of well location if in city: WEST SIDE OF TYRO KANS.				3. Owner of well: JOHN STEWART R.R. or street: City, state, zip code: TYRO KANS.		
4. Locate with "X" in section below:		Sketch map: NO HOUSE		6. Bore hole dia. 4 in. Completion date 9-1-78 Well depth 34 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		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		
SAND ROCK				9. Casing: Material Plastic Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 9 1/2 in. RMP 5/8 70 PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 6 in. to 20 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 0.320		
				10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
				11. Static water level: _____ mo./day/yr. 5 ft. below land surface Date 9-1-78		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 6 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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		
		(Use a second sheet if needed)				
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: CUSTOMER TO INSTALL CONCRETE SLAB. HE KNOWS THIS IS A REGULATION			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. MOORE DRILLING CO 345 Business name Box 32 License No. _____ Address DEARING KANS. 67340 Signed Dilbert Moore Date 9-1-78 Authorized representative		

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 Sec 36
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5