

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 NE 1/4	Section number: 4	Township number: T 35 S	Range number: R 15 E E/W
2. Distance and direction from nearest town or city: 3 MILE EAST OF T4R0 300 YARDS SOUTH W. SIDE			3. Owner of well: GERALD WAYMIRE RT. 1 Box 27 City, state, zip code: COFFEYVILLE KANS. 67337		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date 11-25-78 Well depth 59 ft.	
		<p style="text-align: center; font-size: 2em;">NO HOUSE</p>		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	
5. Type and color of material				9. Casing: Material PLASTIC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC 40 Weight <input type="checkbox"/> lbs./ft. Dia. 6 in. to 59 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. 0.320	
				10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze 1/8" Length 30' Set between 0 ft. and 59 ft. _____ ft. and _____ ft. Gravel pack? <input type="checkbox"/> Size range of material _____	
				11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 11-25-78	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 3 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	
				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 345A Business name Box 2 License No. _____ Address LEON KANS Signed Dalbert Moore Date 11-25-78 Authorized representative	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: CUSTOMER TO INSTALL CONCRETE SLAB. HE KNOWS THIS IS A STATE REGULATION			

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

Form WWC-5