

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SU 55 NE

1 Location of well:	County Leavenworth	Township name Alexander	Fraction TRACT	Section number 2	Town number 95	Range number 21 E
Distance and direction from nearest town or city: 8 - W. Leavenworth KS			3 Owner of well: Jim Farr Copeland			
Street address of well location if in city:			Address: Rt 1 Leavenworth, Kansas			
Locate with "X" in section below: N W X E S 1 Mile		Sketch map: 100' x 50'		4 Well depth: 54 ft. Date of completion _____ Well diameter 10 in. 5-24-75		
2		Type and color of material		From To		5 <input type="checkbox"/> Cable tool <input checked="" 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
						6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
						7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 25 in. Diam. _____ Weight 2.33 lbs./ft. _____ 5 in. to 54 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
						8 Screen: Manufacturer Pump Co Type DR Dia. 5" Slot/groove .080 Length _____ Set between 24 ft. and 44 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2"
						9 Static water level: 15 ft. below land surface Date 5-24-75
						10 Pumping level below land surfaces: Air Test _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5 g.p.m.
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						12 Well head completion: Capped <input type="checkbox"/> Pitless adapter 25 <input type="checkbox"/> Inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.
						14 Nearest source of possible contamination: ft. 100 Direction N Type S.T. Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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
16 Remarks: elevation 112' ± Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						17 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. Stanger Drilling Co Inc 182 Business name License No. _____ Address Rt 1 Hwy 76 W Horton, KS Signed Dale Stanger Date 5-28-75 Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WW-5

BR elev = 107' ± 3
▽ = 1105'