

789-1

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

BBB

NW SE NW ?
(bdb)
151010?

1. Location of well:		County Leavenworth	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 34	Township number T 9 S R 22	Range number 22
2. Distance and direction from nearest town or city: Street address of well location if in city: 1 3/4 mile west of Lansing, Kansas				3. Owner of well: Dr. Robert C. Novak R.R. or street: 8222 Parallel City, state, zip code: Kansas City, Kansas 66112		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. 8 in. Completion date 11-19-76 Well depth 104 ft.		
				7. <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		
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 <input type="checkbox"/> 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5.105 ft. depth 105 ft. Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gauge No. 188		
				10. Screen: Manufacturer's name NONE		
Top Soil				Type _____ Dia. _____		
Clay				Slot/gauze _____ Length _____		
Sand				Set between _____ ft. and _____ ft. _____ ft. and _____ ft.		
Blue Mud				Gravel pack? _____ Size range of material _____		
Lime				11. Static water level: _____ mo./day/yr. 65 ft. below land surface Date 11-19-76		
Blue Mud				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.m.		
Lime				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Blue Mud				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 Inches above grade		
Gravel & Sand				15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 15 ft.		
				16. Nearest source of possible contamination: ft. 100 Direction SW Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name Jacuzzi Model number 5SLB HP 1/2 Volts 220 Length of drop pipe 90 ft. capacity 10 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. 174 BREUER, INC. Box 147 Business name _____ License No. _____ Address Box 147 Basehor, Ks. 6600 Signed _____ Date 11-22-76 Authorized representative		
18. Elevation: 1040		19. Remarks: 1026 MAT				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

(Use a second sheet if needed)

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

Form WWC-5

Handwritten notes and signatures on the right margin, including '220', '34', and 'BREUER, INC.'.