

USE TYPEWRITER OR BALL
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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 PAWNEE	Fraction NE 1/4 1/4 1/4	Section number 12	Township number T 22 S	Range number R 16 E/W
2. Distance and direction from nearest town or city: 3 1/2 E of LARNED, KANSAS Street address of well location if in city:				3. Owner of well: Eldon Taucher R.R. or street: 137 1/2 Broadway City, state, zip code: LARNED, KANSAS 67550		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 2 1/2 in. Completion date 9-2-76 Well depth 102 ft.	
					7. <input 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 checked="" type="checkbox"/> Reverse rotary	
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
Topsoil		0	4	9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 40 lbs./ft. Dia. 16 in. to 102 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 219		
Fine sand with some clay		4	23	10. Screen: Manufacturer's name LAKWOOD Type Mill slot Dia. 1 1/2 " Slot/gauze 1/8 " Length 46 " Set between 245 ft. and 55 ft. 62 ft. and 102 ft. Gravel pack 4 1/2 Size range of material 1/4 to 1/2 "		
Medium sand with some fine		23	40	11. Static water level: <input type="checkbox"/> mo./day/yr. 28 ft. below land surface Date 9-2-76		
Coarse sand with some gravel		40	55	12. Pumping level below land surfaces: 50 ft. after 2 hrs. pumping 350 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.		
Clay (light brown)		55	75	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
Medium sand with some fine		75	83	14. Well head completion: <input type="checkbox"/> Pitless adapter 12 " inches above grade		
Medium sand		83	94	15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
Medium sand with some		94	102	16. Nearest source of possible contamination: ft. 1/2 mile Direction NW Type cattle Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Coarse sand some gravel				17. Pump: NOT INSTALLED Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
Clay		102	104	18. Elevation:		
(Use a second sheet if needed)		19. Remarks: Test pumped with air. A good well. Pump not installed yet.				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. EWBANK, INC. 334 Business name PO Box 309 License No. 737 Address Fairview, Okla. Signed Rol Burbank Date 9-27- Authorized representative				

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

Form WWC-5