

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: <u>6</u>		County <u>Lawrence</u>	Fraction <u>N 1/4 SE 1/4 NW 1/4</u>	Section number <u>7</u>	Township number <u>T 23</u>	Range number <u>S 17 E/W</u>	
2. Distance and direction from nearest town or city: <u>1 S - 3/4 E of Garfield, Ks</u> Street address of well location if in city				3. Owner of well: <u>Carl Tyler</u> R.R. or street: <u>1721 College</u> City, state, zip code: <u>Garfield, Ks. 67550</u>			
4. Locate with "X" in section below: <div><div>1 Mile</div><div><div>N</div><div>W</div><div>E</div><div>S</div><div>1 Mile</div></div><div><div>NW</div><div>NE</div><div>SW</div><div>SE</div></div></div>		Sketch map: <u>Well #6</u>		6. Bore hole dia. <u>11</u> in. Completion date <u>6-9-77</u> Well depth <u>23</u> ft.			
5. Type and color of material		From		To		7. <input checked="" 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	
						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	
						9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>5</u> in. to <u>23</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>258</u>	
						10. Screen: Manufacturer's name <u>Certain-Tied</u> Type <u>PVC</u> Dia. <u> </u> Slot <u>3/16</u> Length <u>10</u> Set between <u>13</u> ft. and <u>23</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>12-14 #</u>	
						11. Static water level: <u> </u> mo./day/yr. <u>7</u> ft. below land surface Date <u>6-9-77</u>	
						12. Pumping level below land surfaces: <u>NA</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.	
						13. Water sample submitted: <u> </u> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>6-9-77</u>	
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u> </u> Inches above grade	
						15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
						16. Nearest source of possible contamination: ft. <u>1400</u> Direction <u>SE</u> Type <u>corral</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						17. Pump: <u> </u> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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	
						18. Elevation:	
						19. Remarks: <u>#6 is 200' N.E. of well #5</u>	
						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. <u>Rosemary-Lemay</u> 134 Business name <u> </u> License No. <u> </u> Address <u>1721 College</u> Signed <u>Sandy Kilgore</u> Date <u>6-9-77</u> Authorized representative	

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

Form WWC-5

MI-1023