

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 <b>EDWARDS</b>	Fraction <b>C 1/4 SW 1/4</b>	Section number <b>3</b>	Township number <b>T 25 S</b>	Range number <b>R 16 W</b>
2. Distance and direction from nearest town or city: <b>2 miles SOUTH 1 EAST 1/2 SOUTH</b>			3. Owner of well: <b>D. R. LAUCK</b>		
Street address of well location if in city:			City, state, zip code: <b>WICHITA, KANSAS</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>9</b> in. Completion date <b>11-30-78</b> Well depth <b>70</b> ft.	
		<p>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</p> <p>8. Use: <input 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other</p> <p>9. Casing: Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Dia. <b>5</b> in. to <b>70</b> ft. depth Height: Above or below Surface <b>12</b> in. Weight <b>278-3</b> lbs./ft. Wall Thickness: inches or gage No. <b>R00</b></p>		10. Screen: Manufacturer's name <b>Peerless</b>	
				<p>Type <b>Saw</b> Dia. <b>5</b> Slot/gauze <b>78</b> Length <b>20</b> Set between <b>20</b> ft. and <b>50</b> ft. Gravel pack? <b>yes</b> Size range of material <b>74-78</b></p>	
5. Type and color of material			From	To	11. Static water level: <b>20</b> ft. below land surface Date <b>11-30</b>
					12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.
					13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade
					15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
					16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ No
					17. Pump: ____ 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
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		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. <b>Myers Water Well 143</b> Business Name <b>Great Bend KSI</b> License No. <b>143</b> Address <b>Great Bend, KS</b> Signature <b>Clayton Randall</b> Date <b>11-30</b> Authorized Representative		

T 25 S  
 R 16 W  
 Sec 3  
 C SW 1/4

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

Form WWC-5