

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 <u>Leavenworth</u>		Fraction <u>S 1/4 SW 1/4 NW 1/4</u>		Section number <u>3</u>		Township number <u>T 26 S</u>		Range number <u>R 14 W E/W</u>													
2. Distance and direction from nearest town or city: <u>8 miles south</u>				3. Owner of well: <u>DNR Drilling Co.</u>																	
Street address of well location if in city: <u>8 West Pratt Ave</u>				R.R. or street: _____ City, state, zip code: <u>Lawrence, KS 66044</u>																	
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <u>4</u> in. Completion date <u>4-20-78</u> Well depth <u>75</u> ft.															
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>From</td> <td>To</td> </tr> <tr> <td>0</td> <td>35</td> </tr> <tr> <td>35</td> <td>50</td> </tr> <tr> <td>50</td> <td>75</td> </tr> <tr> <td>55</td> <td>75</td> </tr> </table>		From	To	0	35	35	50	50	75	55	75	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					
						From	To														
0	35																				
35	50																				
50	75																				
55	75																				
5. Type and color of material				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																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Clay</td> <td>0</td> <td>35</td> </tr> <tr> <td>Fine Sand</td> <td>35</td> <td>50</td> </tr> <tr> <td>Clay</td> <td>50</td> <td>75</td> </tr> <tr> <td>Gravel</td> <td>55</td> <td>75</td> </tr> </table>				Clay	0	35	Fine Sand	35	50	Clay	50	75	Gravel	55	75	9. Casing: Material <u>PVC</u> Height: Above or below _____ Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>287.3</u> lbs./ft. Dia. <u>4</u> in. to <u>75</u> ft. depth Wall Thickness: inches _____ Dia. _____ in. to _____ ft. depth gage No. <u>200</u>					
				Clay	0	35															
				Fine Sand	35	50															
				Clay	50	75															
				Gravel	55	75															
				10. Screen: Manufacturer's name <u>Slip Seal</u> Type <u>Slip Seal</u> Dia. <u>3</u> Slot/gauge _____ Length <u>20</u> Set between <u>55</u> ft. and <u>75</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-1/4</u>																	
				11. Static water level: _____ mo./day/yr. <u>24</u> ft. below land surface Date <u>4-20-78</u>																	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>130</u> g.p.m.																	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade																	
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>20</u> ft.																					
16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
17. Pump: <input checked="" type="checkbox"/> 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																					
18. Elevation:				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>Myers Water Well Service</u> Business name _____ License No. _____ Address <u>Great Bend, KS 66040</u> Signed <u>Charles Myers</u> Date <u>7-20-78</u> Authorized representative																	
19. Remarks:				20. Water well contractor's certification: (continued)																	

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

Form WWC-5

T 26 S  
 R 14 W  
 Sec 3  
 1/4 SW 1/4 NW