

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

Miller #2

1. Location of well:		County <i>Edwards</i>	Fraction <i>C 1/4 SE 1/4 NE 1/4</i>	Section number <i>10</i>	Township number <i>T 26 S</i>	Range number <i>R 17 W E/W</i>
2. Distance and direction from nearest town or city: <i>To Section line 1 1/2 miles south</i>		3. Owner of well: <i>Dir. Luck Oil Co.</i>		R.R. or street: <i>1201 Washington</i>		
Street address of well location if in city: <i>1 1/2 miles south</i>		City, state, zip code: <i>Great Bend KS 67530</i>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>7</i> in. Completion date <i>9-23-78</i> Well depth <i>60</i> 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		From	To	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		
				<input checked="" type="checkbox"/> Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>278-3</i> lbs./ft. Dia. <i>5</i> in. to <i>60</i> ft. depth Wall Thickness: <i>inches or</i> Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200 265</i>		
				10. Screen: Manufacturer's name <i>Beckless</i> Type <i>SqW</i> Dia. <i>5</i> Slot/gauze <i>1/8</i> Length <i>20</i> Set between <i>40</i> ft. and <i>60</i> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack <i>yes</i> Size range of material <i>1/4-1/8</i>		
				11. Static water level: <i>21</i> ft. below land surface Date <i>9-23-78</i> mo./day/yr.		
				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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade		
				15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.		
				<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. ____ Direction <i>None</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input 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:		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. <i>Myers Water Well 143</i> Business name <i>Great Bend</i> License No. <i>R13</i> Address <i>Great Bend</i> Date <i>9-23</i> Signature <i>Thyrd Randall</i> Authorized Representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 26 S
 R 17 W
 Sec 10
 C 1/4 SE 1/4

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

Form WWC-5