

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>PLATT</b>   |  | Fraction <b>C 1/4 NW 1/4 NW 1/4</b> |  | Section number <b>19</b>  |  | Township number <b>T 27 S R 12 E/W</b>   |  | Range number <b>12</b>   |  |
| 2. Distance and direction from nearest town or city: <b>2 SOUTH 3 EAST Iuka, Ks.</b> |  |                                     |  | 3. Owner of well: <b>D.R. Looak</b>   |  |  |  |  |  |
| Street address of well location if in city:  |  |                                     |  | R.R. or street: <b>301 S. Broadway</b>  |  |  |  |  |  |
|  |  |                                     |  | City, state, zip code: <b>Wichita Ks 67202</b>  |  |  |  |  |  |
| 4. Locate with "X" in section below:   |  |                                     |  | Sketch map:   |  | 6. Bore hole dia. <b>9</b> in. Completion date <b>3-24-79</b>  |  |  |  |
|  |  |                                     |  |   |  | Well depth <b>90</b> ft.   |  |  |  |
|  |  |                                     |  |   |  | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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       |  |
|  |  |                                     |  |   |  |  |  | 9. Casing: Material _____ Height: Above or below   |  |
|  |  |                                     |  |   |  |  |  | Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.                                    |  |
|  |  |                                     |  |   |  |  |  | RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>28.3</b> lbs./ft.                                      |  |
|  |  |                                     |  |   |  |  |  | Dia. <b>5</b> in. to <b>90</b> ft. depth; Wall Thickness: inches or  |  |
|  |  |                                     |  |   |  |  |  | Dia. _____ in. to _____ ft. depth; gage No. <b>0.265</b>   |  |
|  |  |                                     |  |   |  |  |  | 10. Screen: Manufacturer's name _____  |  |
|  |  |                                     |  |   |  |  |  | Type <b>Saw</b> Dia. <b>5</b>  |  |
|  |  |                                     |  |   |  |  |  | Slot/gauze <b>1/8</b> Length <b>30</b>   |  |
|  |  |                                     |  |   |  |  |  | Set between <b>90</b> ft. and <b>70</b> ft.  |  |
|  |  |                                     |  |   |  |  |  | Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4-1/2</b>                             |  |
|  |  |                                     |  |   |  |  |  | 11. Static water level: _____ mo./day/yr.  |  |
|  |  |                                     |  |   |  |  |  | <b>45</b> ft. below land surface Date <b>3-24-79</b>   |  |
|  |  |                                     |  |   |  |  |  | 12. Pumping level below land surfaces:   |  |
|  |  |                                     |  |   |  |  |  | _____ ft. after _____ hrs. pumping _____ g.p.m.  |  |
|  |  |                                     |  |   |  |  |  | Estimated maximum yield _____ g.p.m.   |  |
|  |  |                                     |  |   |  |  |  | 13. Water sample submitted: _____ mo./day/yr.  |  |
|  |  |                                     |  |   |  |  |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____                                     |  |
|  |  |                                     |  |   |  |  |  | 14. Well head completion:  |  |
|  |  |                                     |  |   |  |  |  | _____ Pitless adapter <b>12</b> inches above grade   |  |
|  |  |                                     |  |   |  |  |  | 15. Well grouted? <input checked="" type="checkbox"/>  |  |
|  |  |                                     |  |   |  |  |  | With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete                               |  |
|  |  |                                     |  |   |  |  |  | Depth: From <b>0</b> ft. to <b>10</b> ft.  |  |
|  |  |                                     |  |   |  |  |  | 16. Nearest source of possible contamination: <b>Drain</b>   |  |
|  |  |                                     |  |   |  |  |  | ft. _____ Direction _____ Type _____   |  |
|  |  |                                     |  |   |  |  |  | Well disinfected upon completion? _____ Yes <input checked="" 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 _____ Turbine   |  |
|  |  |                                     |  |   |  |  |  | <input type="checkbox"/> Jet _____ Reciprocating   |  |
|  |  |                                     |  |   |  |  |  | <input type="checkbox"/> Centrifugal _____ Other   |  |
|  |  |                                     |  |   |  |  |  |  |  |
| 18. Elevation:   |  | 19. Remarks:                        |  | 20. Water well contractor's certification:  |  |  |  |  |  |
| Topography:  |  |                                     |  | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. |  |  |  |  |  |
| <input type="checkbox"/> Hill  |  |                                     |  | <b>Myers Water Well 143</b>   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Slope  |  |                                     |  | Business name _____ License No. _____   |  |  |  |  |  |
| <input type="checkbox"/> Upland  |  |                                     |  | Address <b>St. Paul Ks 67530</b>  |  |  |  |  |  |
| <input type="checkbox"/> Valley  |  |                                     |  | Signed <b>Clay Kasimbi</b> Date <b>3-24-79</b>  |  |  |  |  |  |
|  |  |                                     |  | Authorized representative _____   |  |  |  |  |  |

T  
R  
W  
E  
S  
C  
1/4  
1/4  
1/4

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

Form WWC-5