

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

*Bordner #1*

1. Location of well:	County <i>Cratt</i>	Fraction <i>C N 1/2 NE 1/4</i>	Section number <i>28</i>	Township number <i>T 27S</i>	Range number <i>R 12 W E/W</i>												
2. Distance and direction from nearest town or city	Street address of well location if in city:		3. Owner of well: <i>D. R. Lawh</i> R.R. or street: <i>Wichita Kansas</i> City, state, zip code:														
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 6. Bore hole dia. <i>3</i> in. Completion date <i>7-28-77</i> Well depth <i>25</i> ft.														
			7. <input type="checkbox"/> Cable tool <input 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 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														
5. Type and color of material			9. Casing: Material <i>Plastic</i> 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>287.3</i> lbs./ft. Dia. <i>5</i> in. to <i>25</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <i>200</i>														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><i>Clay</i></td> <td><i>0</i></td> <td><i>20</i></td> </tr> <tr> <td><i>Sand</i></td> <td><i>20</i></td> <td><i>55</i></td> </tr> <tr> <td><i>Gravel</i></td> <td><i>55</i></td> <td><i>75</i></td> </tr> </tbody> </table>				From	To	<i>Clay</i>	<i>0</i>	<i>20</i>	<i>Sand</i>	<i>20</i>	<i>55</i>	<i>Gravel</i>	<i>55</i>	<i>75</i>	10. Screen: Manufacturer's name <i>Self made</i> Type <i>PVC</i> Dia. <i>5</i> Slot/gauze <i>1/8</i> Length <i>20</i> Set between <i>55</i> ft. and <i>75</i> ft. Gravel pack? <i>yes</i> Size range of material <i>1/4 - 1/2</i>		
				From	To												
<i>Clay</i>	<i>0</i>	<i>20</i>															
<i>Sand</i>	<i>20</i>	<i>55</i>															
<i>Gravel</i>	<i>55</i>	<i>75</i>															
			11. Static water level: <i>50</i> ft. below land surface Date <i>7-28-77</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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date														
			14. Well head completion: <input type="checkbox"/> Pitless adapter ____ Inches above grade														
			15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite ____ Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.														
			16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ 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														
(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. <i>Myers Water Well</i> Business name <i>St Bend Ko 143</i> License No. ____ Address ____ Signed <i>A Myers</i> Date <i>7-28-77</i> Authorized representative														

T 27  
 R 12 W  
 Sec 28  
 C N 1/2 NE 1/4

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

Form WWC-5