

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 <i>Leava</i>	Fraction <i>Cutter</i> 1/4 SW 1/4	Section number <i>35</i>	Township number T <i>27</i> S. R <i>19</i> W E/W	Range number
2. Distance and direction from nearest town or city: <i>3 West - 2 North Greensburg Mo</i>			3. Owner of well: <i>Search Drilling Co.</i> R.R. or street: City, state, zip code: <i>Wichita Kans</i>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <i>8</i> in. Completion date Well depth <i>70</i> ft. <i>5-16-78</i>	
					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	
					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	
5. Type and color of material					9. Casing: Material <input type="checkbox"/> 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>278-5</i> lbs./ft. Dia. <i>5</i> in. to <i>40</i> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>2004</i>	
					10. Screen: Manufacturer's name <i>Shop made</i> Type <i>Sub</i> Dia. <i>5</i> Slot/gauge <i>1/8</i> Length <i>20</i> Set between <i>8</i> to <i>40</i> ft. and <i>40</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/4-1/4</i>	
					11. Static water level: <input type="checkbox"/> mo./day/yr. <i>48</i> ft. below land surface Date <i>5-16-78</i>	
					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: <input type="checkbox"/> 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? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>30</i> 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	
		(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 Service</i> Business name <i>148</i> License No. <i>148</i> Address <i>148</i> Signed <i>Charles Myers</i> Date <i>5-30-78</i> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 27
 R 19 W
 Sec 35
 1/4 1/4 1/4 1/4
 CSR

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

Form WWC-5