

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>Gray</u>	Fraction <u>NW1/4 NW1/4 SW1/4</u>	Section number <u>5</u>	Township number <u>T 27 S R 30 E 10</u>	Range number
2. Distance and direction from nearest town or city: <u>12 1/2 N of Copeland, Kansas</u> Street address of well location if in city:			3. Owner of well: <u>Wilbur Koehn</u> R.R. or street: City, state, zip code: <u>Copeland, Kansas 67870</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>5/11/76</u> Well depth <u>200</u> 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	
				8. Use: <input checked="" 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		From To		9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>14</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>5</u> in. to <u>160</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>0-320</u>	
				10. Screen: Manufacturer's name <u>J+L</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>40'</u> Set between <u>160</u> ft. and <u>200</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/8"</u>	
Overburden		0 82		11. Static water level: <u>82</u> ft. below land surface Date <u> </u> mo./day/yr.	
Sand + Gravel		82 195		12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>80</u> g.p.m.	
Sand Stone		195 200		13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>14</u> inches above grade	
				15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
				16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>SE</u> Type <u>Septic</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	<u>Well to be completed by:</u> <u>Dunham Drilling</u> <u>Copeland, Kansas 67880</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>I + W Water Well 142</u> Business name <u> </u> License No. <u> </u> Address <u>Box 816 Liberal, KS</u> Signed <u> </u> Date <u>5/14/76</u> Authorized representative		

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

Form WWC-5