

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

*Pyle #1*

1. Location of well:		County <i>Kiowa</i>	Fraction <i>C 1/4 NE 1/4 NE 1/4</i>	Section number <i>3</i>	Township number <i>T 29 S</i>	Range number <i>R 16 E/W</i>
2. Distance and direction from nearest town or city: <i>3 east</i>			3. Owner of well: <i>Abercrombie Drilling Co</i>			
Street address of well location if in city: <i>4 South Hawland</i>			R.R. or street: City, state, zip code: <i>Wichita Kansas</i>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>2</i> in. Completion date <i>9-12-75</i> Well depth <i>155</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		
				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		
				9. Casing: Material <i>PVC</i> Height <i>Above</i> 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>142</i> lbs./100 Dia. <i>4</i> in. to <i>155</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <i>Acersless Plastic</i> Type <i>PVC</i> Dia. <i>4</i> Slot gauge <i>1/8</i> Length <i>20</i> Set between <i>8/135</i> ft. and <i>155</i> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack <input type="checkbox"/> Size range of material <i>1/8-1/4</i>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <i>70</i> ft. below land surface Date <i>9-12-75</i>		
				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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.		
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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 143</i> Business name <i>Great Bend Ks</i> License No. <input type="checkbox"/> Address <i>Great Bend Ks</i> Signed <i>Robert A. Myers</i> Date <i>9-12-75</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

29  
 16  
 3  
 CUE NE  
 1/4 1/4 1/4

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

Form WWC-5