

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>BARBER</b> Fraction <b>SE 1/4 SE 1/4</b> Section number <b>15</b> Township number <b>T 30 S</b> Range number <b>R 120</b> <span style="float:right">X E/W</span>	
2. Distance and direction from nearest town or city: <del>1/2 mi NW</del> Street address of well location if in city: <b>12 N ML</b>	
3. Owner of well: <b>AL SUCHY</b> R.R. or street: <b>RI</b> City, state, zip code: <b>West Bond Mo</b>	
4. Locate with "X" in section below: Sketch map: 	6. Bore hole dia. <b>4</b> in. Completion date <b>8-10-76</b> Well depth <b>40</b> 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
	9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>100</b> lbs./ft. Dia. <b>4</b> in. to <b>40</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>
5. Type and color of material	10. Screen: Manufacturer's name <b>Peerless</b>
	Type <b>PVC</b> Dia. <b>4"</b>
	Slot/gauze <b>035</b> Length <b>5'</b>
	Set between <b>15</b> ft. and <b>20</b> ft.
	ft. and <input type="checkbox"/> ft.
	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 in</b>
	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>7</b> ft. below land surface Date <b>8-10-76</b>
	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 <b>25</b> g.p.m.
	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
	<input checked="" type="checkbox"/> Well head completion: <b>NA</b> inches above grade <input type="checkbox"/> Pitless adapter
	15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>15</b> ft.
	16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>W</b> Type <b>Lake</b> Well disinfected upon completion? <input checked="" 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: <b>CUSTOMER WILL POUR SLAB</b>
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <b>LYMAN BROS 140</b> Business name License No. Address _____ Signed <b>AL Suchy</b> Date <b>8-10-76</b> Authorized representative

30 120 15 SESE 1/4

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

Form WWC-5