

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 COMANCHE	Fraction C 1/4 E 1/4 SW 1/4	Section number 7	Township number 31	Range number 24 S 5 R 17 W E/W
2. Distance and direction from nearest town or city: Wilmore KS 1 1/2 NORTH EASTSIDE				3. Owner of well: D. R. LAUCK		
Street address of well location if in city:				R.R. or street:		
City, state, zip code: 1201 Washington St Bend KS						
A Locate with "X" in section below:		Sketch map:				
<p>1 Mile</p>						
7. Cable tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Dug				Bore hole dia. 9 in. Completion date 8-4-78		
Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary				Well depth 125 ft.		
8. Use: 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 _____ Height: Above or below _____						
Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in.						
RMP _____ PVC <input checked="" type="checkbox"/> Weight 278-3 lbs./ft.						
Dia. 5 in. to 125 ft. depth Wall Thickness: inches or _____						
Dia. _____ in. to _____ ft. depth gage No. 290						
10. Screen: Manufacturer's name Teelbas						
Shop made						
Type Saw Dia. 5						
Slot/gauze 1/8 Length 20						
Set between 125 ft. and 105 ft.						
_____ ft. and _____ ft.						
Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4-1/8						
11. Static water level: _____ mo./day/yr.						
40 ft. below land surface Date 8-4-78						
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 type="checkbox"/> No <input checked="" type="checkbox"/> Date _____						
14. Well head completion:						
_____ Pitless adapter 12 inches above grade						
15. Well grouted? yes						
With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____						
Depth: From 10 ft. to 125 ft.						
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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____						
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: _____ Hill _____ Slope <input checked="" type="checkbox"/> _____ Upland _____ Valley		<p>X 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.</p> <p>Myers WATER Well 143 Business name License No. _____</p> <p>Address GT Bend KS</p> <p>Signature Lloyd Rosendahl Date 8-4-78 Authorized representative</p>				

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 SW

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

Form WWC-5