USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

3	1	1	8	W	2	5	SW SE	NW NE	
T		R		EW	sec	1/4	1/4	1/4	No.

WATER WELL RECORD
KSA 82a-1201-1215

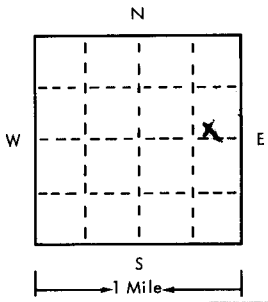
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Comanche	Coldwater	SW¼ SE¼ NE¼	25	T31S	R18W

Distance and direction from nearest town or city: 1¼ S of Wilmore
Street address of well location if in city: W. Side Rd.

3 Owner of well: Roy Bunkhall
Address: 201 S Topeka Coldwater ~~Wilmore~~, Kans

Locate with "X" in section below:



Sketch map:

4 Well depth: 141 ft. Date of completion 6/7/75
Well diameter 5 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material ~~RMP~~ Pits 9/4 Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. 5 in. to 110 ft. depth Weight .200 lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☐ No

2 Type and color of material	From	To
Red loam	0	5
Sand & Clay	5	52
Fine Sand w/layers of gravel	52	80
Gravel & Clay lt in Color	80	100
Soft tan Sandstone	100	110
Sand & gravel	110	141
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastics
Type Rmp Dia. 5
Slot/gauze .06 Length 20 FT
Set between 110 ft. and 130 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8-1/4

9 Static water level:
60 ft. below land surface Date _____

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☒ Bentonite ☐ _____
Depth: From 1 ft. to 10 ft.

14 Nearest source of possible contamination: None in Area
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name _____
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☒ Other Windmill

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

17 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.
Lehl & Son 141
Business name License No.
Address Alva Okla
Signed Carl Lehl Date 11/10/75
Authorized representative

31 18W 25 SW SE NE

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H