

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 SW 1/4 1/4 1/4	Section number 15	Township number T 31 S R 19	Range number 19
2. Distance and direction from nearest town or city: 4 Mi. N. & 3-3/4 Mi. W. of Coldwater Street address of well location if in city:				3. Owner of well: Darrol Miller R.R. or street: Coldwater, Kansas 67029 City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>30</u> in. Completion date _____ Well depth <u>266</u> ft. <u>4/21/77</u>		
		<p>Well No. 5 (TH 5-76)</p>		7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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>St 1</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>36.91</u> lbs./ft. Dia <u>16</u> in. <u>170</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.219"</u>
Sandy top soil				0	2	10. Screen: Manufacturer's name <u>76' Doerr</u> <u>20' Gok WW</u> Type _____ Dia. <u>16"</u> Slot/gauze <u>.100</u> Length <u>90'</u> Set between <u>170</u> ft. and <u>266</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8-1/4</u>
Med. to co. sand & gravel				2	45	11. Static water level: _____ mo./day/yr. <u>89</u> ft. below land surface Date <u>4/21/77</u>
Gray clay				45	54	12. Pumping level below land surfaces: <u>156</u> ft. after <u>4</u> hrs. pumping <u>800</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>900</u> g.p.m.
Med. to co. sand & gravel				54	92	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Gray clay				92	130	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
Med. to co. sand to med. gravel				130	182	15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
Gray clay w/some sandy clay				182	225	16. Nearest source of possible contamination: ft. <u>1500</u> Direction <u>SE</u> Type <u>Farm</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Med. to co. sand & med. gravel				225	248	17. Pump: Manufacturer's name <u>Layne</u> _____ Not installed Model number <u>12KM</u> HP <u>75</u> Volts <u>460</u> Length of drop pipe <u>200</u> ft. capacity <u>800</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
Med. to co. sand & gravel w/clay				248	266	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. Layne Western Co. 102 Business name _____ License No. _____ Address <u>Wichita, Kansas</u> Signed <u>[Signature]</u> Date <u>4/25/77</u>
Red shale				266	270	
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5