

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 Comache		Fraction SW ne 1/4 1/4 1/4		Section number 31	Township number 32 T 32 S R 16 E/W	Range number 16
2. Distance and direction from nearest town or city 8s 6e Wilmore				3. Owner of well: Jim Summers		
Street address of well location if in city: Wilmore				R.R. or street: Kiowa, Ks.		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. 8 in. Comp. 8-25-78		
				Well depth 46 ft.		
				7. Cable tool <input checked="" type="checkbox"/> Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary		
5. Type and color of material				8. Use: <input checked="" type="checkbox"/> Domestic ___ Public supply ___ Industry ___ Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other		
From To				9. Casing: Material ___ Height: Above or below Threading ___ Welded ___ Surface 24 in. RMP ___ PVC <input checked="" type="checkbox"/> Weight ___ lbs./ft. Dia. 5 in. to 46 ft. depth; Wall Thickness: inches or Dia. ___ in. to ___ ft. depth; Gauge No. 258		
sand				10. Screen: Manufacturer's name pvc Pumpco		
clay				Type 5 Dia. 10 Slot/gauze 025 Length 10 Set between 36 ft. and 46 ft. ___ ft. and ___ ft.		
medium sand				Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 in		
shale				11. Static water level: 123 ft. below land surface Date 8-25-78 mo./day/yr.		
				12. 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.		
				13. Water sample submitted: ___ mo./day/yr. Yes <input checked="" type="checkbox"/> No ___ Date ___		
				14. Well head completion: ___ Pitless adapter ___ Inches above grade		
				15. Well grouted? ___ With: <input checked="" type="checkbox"/> Neat cement ___ Bentonite ___ Concrete Depth: From 0 ft. to 12 ft.		
				16. Nearest source of possible contamination: Pasture ft. ___ Direction: ___ Type: ___ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ___ No ___		
				17. Pump: ___ Not installed Manufacturer's name ___ Model number ___ HP ___ Volts ___ Length of drop pipe 36 ft. capacity ___ g.p.m. Type: ___ Submersible ___ Turbine ___ Jet <input checked="" type="checkbox"/> Reciprocating ___ Centrifugal ___ Other		
(Use a second sheet if needed)				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. Lyman Bros 140 Business name Md Ldg Ks. License No. Address ___ Signed W H Lyman Date 9-11-78 Authorized representative		
18. Elevation:		19. Remarks:				
Topography: ___ Hill ___ Slope <input checked="" type="checkbox"/> Upland ___ Valley						

T 32 S R 16 E W 31
 Sec 31
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5