

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

*York #1*

1. Location of well:		County: <i>Commanchee</i>	Fraction: <i>C 1/4 NW SE 1/4</i>	Section number: <i>3</i>	Township number: <i>T 32 S</i>	Range number: <i>R 17 E/W</i>
2. Distance and direction from nearest town or city: <i>East</i> Street address of well location if in city: <i>1/2 north Coldwater</i>			3. Owner of well: <i>Search Drilling Co</i> R.R. or street: <i>Wichita Kansas</i> City, state, zip code:			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		6. Bore hole dia. <i>8</i> in. Completion date: <i>Feb 14 77</i> Well depth <i>100</i> ft.	
5. Type and color of material			From	To	7. <input checked="" 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 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 <input type="checkbox"/> Height: <input checked="" type="checkbox"/> At or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>	
					10. Screen: Manufacturer's name <input type="checkbox"/> Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>	
					11. Static water level: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> ft. below land surface Date <input type="checkbox"/>	
					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 <input type="checkbox"/> g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> <i>Yes</i> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.	
					16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <i>Did not set pipe not enough water</i>		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. <i>Myers Water Well</i> Business name License No. <i>1473</i> Address: <i>West Bend</i> Signed: <i>A Myers</i> Date: <i>2-14-77</i> Authorized representative			

32 17E 3 1/4 1/4 1/4 1/4 R W Sec