

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 <b>Comanche</b>	Fraction <b>SE 1/4 SE 1/4 NE 1/4</b>	Section number <b>8</b>	Township number <b>T 32 S</b>	Range number <b>R 17 E/W</b>
2. Distance and direction from nearest town or city: <b>8 1/2 E 1/4 S of Coldwater</b> Street address of well location if in city:				3. Owner of well: <b>Robert Hackney</b> R.R. or street: City, state, zip code: <b>Coldwater Kansas 67029</b>		
4. Locate with "X" in section below:		Sketch map: <b>Pasture grass</b>		6. Bore hole dia. <b>8.5</b> in. Completion date Well depth <b>90</b> ft. <b>4/16/1976</b>		
				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 checked="" 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 <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>200</b> lbs./ft. Dia. <b>5</b> in. to <b>90</b> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <b>200</b>		
Sandy loam - gray		0	4	10. Screen: Manufacturer's name <b>J+L</b> <b>OKLA CITY, OKLA</b> Type <b>RMP</b> Dia. <b>5 1/2</b> Slot/gauze <b>1/16</b> Length <b>30 ft</b> Set between <b>70</b> ft. and <b>90</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>1/8 - 3/16</b>		
Sand with layers of clay - tan		4	30	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>60</b> ft. below land surface Date <b>4/16/1976</b>		
Gravel w/ layers of clay - tan		30	90	12. Pumping level below land surfaces: <b>Bailed</b> <b>60</b> ft. after <b>30 min</b> hrs. pumping <b>20</b> 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. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> inches above grade		
				15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>30</b> ft.		
				16. Nearest source of possible contamination: ft <b>None</b> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <b>Windmill</b> 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 checked="" type="checkbox"/> Other <b>Windmill</b>		
		(Use a second sheet if needed)				
18. Elevation:	19. Remarks:		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. <b>Lehl &amp; Son 141</b> Business name <b>132 E OKLA Blvd - Alt</b> License No. <b>1010</b> Address <b>Carl Lehl</b> Date <b>5/12/76</b> Signed <b>Authorized representative</b>			

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

Form WWC-5