

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 1/4 NW/4 NW/4	Section number 15	Township number T 32 S R 17 E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:	Coldwater KS		3. Owner of well: R.R. or street: City, state, zip code:		
				Abbott-Jones Inc 830 Sutton Place Wichita, Kan	
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. 7 in. Completion date 9-8-75 Well depth 165 ft.		
			7. <input 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material		From	To	9. Casing: Material PVC Height: (above) or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 2 lbs./ft. Dia. 4 in. to 165 ft. depth Well Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth SCN 40	
				10. Screen: Manufacturer's name MPI Type PVC Dia. 4" Slot/gauze 1/8 Length 40' Set between 125 ft. and 165 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-3/4"	
Top Soil - clay		0	40	11. Static water level: <input type="checkbox"/> mo./day/yr. 70 ft. below land surface Date 9-8-75	
Sand - clay		40	100	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 50 g.p.m.	
Sand - gravel - clay		100	165	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
				14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
				16. Nearest source of possible contamination: oil ft. 75 Direction S Type TEST Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: <input checked="" 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:	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. Kelly's Water Well Ser 186 Business name: K 2 GREAT BENDERS License No. <input type="checkbox"/> Address: 1500 W 12th St Signed: Kelly Duice Date 9-20-75 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 32 S R 17 E
 Sec 15
 NW/4

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

Form WWC-5