

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>Comache</b>	Fraction <b>ne 1/4 nw 1/4 ne 1/4</b>	Section number <b>16</b>	Township number <b>T 32</b>	Range number <b>S R 17</b>	<b>E 10</b>
2. Distance and direction from nearest town or city: <b>5 S + 1 W</b>		3. Owner of well: <b>Marvin Belcher</b>		R.R. or street: <b>Wilmore, Ks.</b>			
Street address of well location if in city: <del>450 Wilmore</del> <b>450 + 1 W</b>		City, state, zip code:					
4. Locate with "X" in section below: N 1 Mile W S 1 Mile		Sketch map: <b>HOUSE</b> <b>WINDMILL</b> <b>CORRAL</b> <b>ST</b> <b>APACHE SHED</b>		6. Bore hole dia. <b>8</b> in. Completion date Well depth <b>112</b> ft. <b>9-78</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 checked="" 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 _____ Height <b>8</b> Above or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <b>5</b> PVC <b>X</b> Weight <b>29</b> lbs./ft. Dia. _____ in. to <b>112</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>258</b>			
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>Pumpco</b>			
soil		0	3	Type <b>PVC</b> <b>025</b> Dia. <b>10</b>			
med sand w/large gravel		3	32	Slot/gauze _____ Length _____ Set between <b>102</b> ft. and <b>112</b> ft.			
fine sand w/ clay streaks		32	92	<input checked="" type="checkbox"/> _____ ft. and <b>1 1/2</b> in. ft. Gravel pack? _____ Size range of material _____			
medium sand		92	110	11. Static water level: _____ mo./day/yr. <b>56</b> ft. below land surface Date <b>8-26-78</b>			
hard clay		110	112	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade			
				15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neq cement <b>45</b> Bentonite _____ Concrete _____ Depth: From _____ ft. to _____ ft.			
				16. Nearest source of possible contamination: _____ 10t ft. <b>250</b> Direction <b>S</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: _____ Not installed Manufacturer's name <b>Jacuzzi</b> <b>ros</b> Model number <b>5548</b> HP <b>2</b> Volts <b>230</b> Length of drop pipe _____ ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other			
				(Use a second sheet if needed)			
18. Elevation:	19. Remarks: <b>customer to pour slab</b>			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>Lyman Bros</b> <b>140</b> Business name _____ License No. _____ Address <b>Med Ldg Ks.</b> Signed <b>W. W. Lerner</b> Date <b>9-7-78</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

32 17 W  
 Sec 16  
 1/4 1/4 20/4  
 REMARKS

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

Form WWC-5