

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 C SW 1/4 1/4 1/4	Section number 3	Township number T 32 S R 18	Range number 18	X/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		1 N. 3 E. of Coldwater Darrol Miller Coldwater, Kansas		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>30</u> in. Completion date <u>6/5/76</u> Well depth <u>210</u> ft.		
		<p style="text-align: center;">Well No. 3 (TH 3-76)</p>			7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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			
Top soil		0	1	9. Casing: Material <u>STEEL</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>36</u> lbs./ft. Dia. <u>16</u> in. to <u>143</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gauge No. <u>.20</u> "			
Clay		1	6	10. Screen: Manufacturer's name <u>Doerr</u> <u>Well Screen</u> Type <u>Steel</u> Dia. <u>16</u> " Slot/gauze <u>125</u> Length <u>68</u> ' Set between <u>142</u> ft. and <u>210</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/8-3/8</u> "			
Med. to coarse sand & gravel		6	49	11. Static water level: <u>60</u> ft. below land surface Date <u>7-13-76</u> mo./day/yr.			
Clay w/some sand		49	142	12. Pumping level below land surfaces: <u>120</u> ft. after <u>24</u> hrs. pumping <u>800</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.			
Fine to coarse sand & gravel		142	210	13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>			
Red shale		210	215	14. Well head completion: <input type="checkbox"/> Pitless adapter <u> </u> inches above grade			
				15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.			
				16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Layne</u> Model number <u>12 KM</u> HP <u>75</u> Volts <u>460</u> Length of drop pipe <u>120</u> ft. capacity <u>800</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
				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. <u>Layne Western Co. 102</u> Business name <u>Wichita, Kansas</u> License No. <u> </u> Address <u> </u> Signed <u> </u> Date <u>7-29-76</u>			
18. Elevation:		19. Remarks:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5