

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

3218W 5SWSW
T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County COMANCHE	Township name	Fraction SWSWSW	Section number 5	Town number 32 S R9W	Range number 7 S 18 W
Distance and direction from nearest town or city: 2 E 1/2 3/4 mi on 160 Hwy of Coldwater			3 Owner of well: TOM WAGNON Address: COLDWATER KS			
Locate with "X" in section below: N W E S 1 Mile			Sketch map: 25 ft CATTLE STOP X LIVESTOCK WATER		4 Well depth: 121 ft. Date of completion 10-13-75 Well diameter 4 in.	
2			Type and color of material		From	To
			MED SAND		0	50
			Clay		50	100
			MEDIUM-COARSE SAND		100	120
GALECHE		120	121			
					5 <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	
					6 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"/> Commercial <input type="checkbox"/> Test well	
					7 Casing: Material PK Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 4 in. Diam. Weight 160 lbs./ft. 4 in. to 121 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					8 Screen: Manufacturer PERLESS Type PK Dia. 4 Slot/gauze 0.35 Length 10' Set between 11 ft. and 121 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material	
					9 Static water level: 72 ft. below land surface Date 10-13-75	
					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 50 g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
					12 Well head completion: NA <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 2 ft. to 13 ft.	
					14 Nearest source of possible contamination: CATTLE HORSES ft. 10 Direction All Type LOT Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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	
16 Remarks: elevation					17 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. MED LODGE Business name License No. _____ Address LYMAN BROS 1407 Signed W N Lyman Date 10-20-75 Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

32 18W 5 SWSW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5