

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>C</b> NW 1/4 1/4 1/4	Section number <b>9</b>	Township number T <b>32</b> S R	Range number <b>19</b> <del>E/W</del>
2. Distance and direction from nearest town or city: <b>1 mile North &amp; 1/4 West of Coldwater</b> Street address of well location if in city:			3. Owner of well: <b>Richard Bird</b> R.R. or street: <b>Coldwater, Kansas</b> City, state, zip code:		
4. Locate with "X" in section below:		Sketch map: <b>Well No. 1 (TH 1-76)</b>		6. Bore hole dia. <u>30</u> in. Completion date _____ Well depth <u>100</u> ft. <u>3/24/76</u>	
				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	
				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	
5. Type and color of material		From	To	9. Casing: Material <u>Stl</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>36.91</u> lbs./ft. Dia. <u>16</u> in. to <u>52</u> ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <u>.219</u> "	
Sandy soil		0	2	10. Screen: Manufacturer's name <u>Doerr</u> <u>Metal Products</u> Type <u>Stl.</u> Dia. <u>16</u> " Slot/gauze <u>1/8</u> Length <u>48</u> ' Set between <u>52</u> ft. and <u>100</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 x 3/8</u>	
Silty sand		2	8	11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>6/14/76</u>	
Fine to coarse sand		8	18	12. Pumping level below land surfaces: <u>71.5</u> ft. after <u>4</u> hrs. pumping <u>700</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>800</u> g.p.m.	
Gray clay		18	22	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Fine to co. sand & med. gravel		22	48	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
Med. to co. sand & co. gravel		48	60	15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
Med. to co. sand & gr.w/large boulders		60	65	16. Nearest source of possible contamination: ft. <u>3000</u> Direction <u>EAST</u> Type <u>Farm</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Med. to co. sand & gravel		65	90	17. Pump: _____ Not installed Manufacturer's name <u>Layne</u> Model number <u>12KL</u> HP <u>60</u> Volts <u>460</u> Length of drop pipe <u>80</u> ft. capacity <u>700</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	
Cemented sand		90	91	(Use a second sheet if needed)	
Med. to co. sand & gravel w/large boulders		91	99		
Clay		99		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.</u> <u>102</u> Business name License No. Address <u>Wichita, Kansas</u> Signed <u>[Signature]</u> Date <u>6-18-76</u> Authorized representative	
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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