

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>se 1/4 se 1/4 e 1/4</b>	Section number <b>12</b>	Township number <b>T 33 S R 16 E/W</b>	Range number																		
2. Distance and direction from nearest town or city: <b>2 3/4 W Med Lodge</b>			3. Owner of well: <b>Jim Brass</b> R.R. or street: City, state, zip code: <b>Wilmore, Ks.</b>																				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>32</b> ft. <b>8-25-77</b>																			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">5. Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> <tr> <td>soil and clay</td> <td>0</td> <td>7</td> </tr> <tr> <td>sand</td> <td>7</td> <td>17</td> </tr> <tr> <td>clay</td> <td>17</td> <td>20</td> </tr> <tr> <td>med sand</td> <td>20</td> <td>31</td> </tr> <tr> <td>clay</td> <td>31</td> <td>32</td> </tr> </table>		5. Type and color of material	From	To	soil and clay	0	7	sand	7	17	clay	17	20	med sand	20	31	clay	31	32	7. 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	
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soil and clay	0	7																					
sand	7	17																					
clay	17	20																					
med sand	20	31																					
clay	31	32																					
				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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other																			
				9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <b>15</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia <b>5</b> in. to <b>32</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>257</b>																			
				10. Screens: Manufacturer's name <b>Pearless</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>035</b> Length <b>5</b> Set between <b>27</b> ft. and <b>32</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8 in</b>																			
				11. Static water level: _____ mo./day/yr. <b>11</b> ft. below land surface Date <b>8-25-77</b>																			
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>25</b> 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 type="checkbox"/> Pitless adapter <b>20</b> inches above grade																			
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.																			
				16. Nearest source of possible contamination: ft. <b>25</b> Direction <b>s</b> Type <b>lot</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
				17. Pump: _____ Not installed Manufacturer's name <b>aerector</b> Model number _____ HP <b>1/2</b> Volts <b>115</b> Length of drop pipe <b>21</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input 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. <b>Lyman Bros</b> License No. <b>140</b> Address _____ Signed <b>ML W A Lyman</b> Date <b>9-1-77</b> Authorized representative																			
18. Elevation:	19. Remarks: <b>Total hardness 110 gr.</b>																						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley																							

T 33 S R 16 E  
 Sec 12 SE SE SE SE  
 1/4 1/4 1/4 1/4

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

Form WWC-5