

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>1/4 CSE 1/4 SE 1/4</b>	Section number <b>4</b>	Township number <b>T 33 S R 17 EW</b>	Range number
2. Distance and direction from nearest town or city: <b>3 S 9 E 2 S</b>			3. Owner of well: <b>Habbert-Jones Inc</b>		
Street address of well location if in city: <b>Coldwater, KS</b>			R.R. or street: <b>830 SUTTON PI</b>		
			City, state, zip code: <b>Nichita KS 67202</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>7</b> in. Completion date _____ Well depth <b>72</b> ft. <b>1-20-77</b>	
N				7. <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	
W E				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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material		From	To	9. Casing: Material _____ Height: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>72</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>Sch 40</b>	
<b>Top Soil - Sand</b>		<b>0</b>	<b>40</b>	10. Screen: Manufacturer's name _____ Type <b>MPI</b> Dia. <b>4"</b> Slot/gauze <b>1/8</b> Length <b>20</b> Set between <b>52</b> ft. and <b>72</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>	
<b>Sand - Gravel</b>		<b>40</b>	<b>72</b>	11. Static water level: _____ mo./day/yr. <b>32</b> ft. below land surface Date <b>1-20-77</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>40</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>12</b> inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
				16. Nearest source of possible contamination: <b>Oil</b> ft. <b>80</b> Direction <b>S</b> Type <b>Test</b> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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	
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		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>Kellys Water Well Ser. 186</b> Business name <b>R2 Great Bend, KS</b> License No. _____ Address <b>Kelly Juice</b> Date <b>4-20-77</b> Signed _____ Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

33 17 E 4 CSE SE  
 T R W Sec 1/4 1/4 2 3/4

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

Form WWC-5