

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>SW 1/4 SW 1/4 SE 1/4</b>	Section number <b>36</b>	Township number <b>T 34 S R 18 E W</b>	Range number <b>18</b>
2. Distance and direction from nearest town or city: <b>5.5 6 E of Buttenmilk, Kans</b>			3. Owner of well: <b>Laura Lohnding</b>			
Street address of well location if in city:			R.R. or street: <b>Coldwater, Kans</b>			
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. <b>8.5</b> in. Completion date <b>4/23/80</b>
			<b>Grassland</b>			Well depth <b>127</b> ft.
						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
5. Type and color of material			From To			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 <b>P/B</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>127</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <b>200</b>
Topsoil			0 1			10. Screen: Manufacturer's name <b>JTL</b>
Soft Red loam			1 50			Type <b>Rmp</b> Dia. <b>5</b>
Loam with layers of Sandstone			50 80			Slot/gauze _____ Length <b>30</b>
Shale with layers of Sandstone-Red			80 127			Set between <b>90</b> ft. and <b>120</b> ft. _____ ft. and _____ ft.
						Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 / 1/8</b>
						11. Static water level: _____ mo./day/yr. <b>80</b> ft. below land surface Date _____
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.
						13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
						14. Well head completion: <b>Base Flange</b> <input type="checkbox"/> Pitless adapter _____ 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>None</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						17. Pump: <b>Windmill</b> — 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 checked="" type="checkbox"/> Other
						(Use a second sheet if needed)
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						
		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>Lehdsen</b> <b>141</b> Business name _____ License No. _____ Address <b>Alva Okla</b> Signed <b>Carl Lehl</b> Date <b>4/30/80</b> Authorized representative				

T 34 S R 18 E W  
 Sec 36  
 1/4 1/4 1/4 1/4  
 SW SE  
 SW SE

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

Form WWC-5