

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 Comanche	Fraction NW 1/4 SW 1/4 SE 1/4	Section number 3	Township number T 34 S R 19 E	Range number 19 E
2. Distance and direction from nearest town or city: 1 1/2 mile S and 2 1/2 W of Coldwater-Ks.			3. Owner of well: Lohmann Bros			
Street address of well location if in city:			R.R. or street: Alva, OKla 73717			
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. 8 1/2 in. Completion date 5/27/81 Well depth 206 ft.
			<p style="font-size: 2em; text-align: center;">Slope - Cultivated.</p>			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	
Red loam			0	5	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 76 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 206 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 160	
Red Clay & loam layers			5	80	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ <input checked="" type="checkbox"/> Slot gauge 1/16 Length _____ Set between 160 ft. and 200 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 18-30	
Shale & few loam layers			80	206	11. Static water level: _____ mo./day/yr. _____ 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 10 g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					14. Well head completion: Base Flange <input type="checkbox"/> Pitless adapter _____ inches above grade	
					15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
					16. Nearest source of possible contamination: None ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: Windmill <input 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. 2019 Lehtson Water Well 141 Business name _____ License No. _____ Address 132 E OKla Blvd Signed Carl Leht Date _____ Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 34 S R 19 E Sec 3

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

Form WWC-5