

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 WOODSON		Fraction SW 1/4 SW 1/4 SW 1/4	Section number 32	Township number T 25 S R 25	Range number R 25
2. Distance and direction from nearest town or city: 3 M. S. NW			3. Owner of well: BURDETT MENTZER		
Street address of well location if in city: 2 M. OF V.C. KAN			R.R. or street: R#1		
City, state, zip code: YATES CENTER			4. Bore hole dia. 4 in. Completion date 5/30/99		
4. Locate with "X" in section below:			Well depth 60 ft.		
			7. <input checked="" 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 type="checkbox"/> Reverse rotary		
5. Type and color of material			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		
Soil			9. Casing: Material NPS Height: Above or below Threaded <input type="checkbox"/> Welded GL Surface 14 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 6 in. to 60 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 280		
Blue sand rock			10. Screen: Manufacturer's name JESS LOWELL		
Yellow sand rock S.W.			Type PVC Dia. 6		
Gray shale			Slot/gauze 1/4 X length 20		
			Set between 21 ft. and 41 ft.		
			ft. and <input type="checkbox"/> ft.		
			X gravel pack? NO Size range of material <input type="checkbox"/>		
			11. Static water level: <input type="checkbox"/> mo./day/yr 11 ft. below land surface Date 5/30/99		
			12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 50 g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter 14 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 19 ft.		
			16. Nearest source of possible contamination: CATCH ft. NO Direction NORTH Type PEN Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: MR MENTZER IS GOING TO WATER CATTLE HERE.		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. LUMMINGS WELL SEALS Business name TOPON TO KAN License No. <input type="checkbox"/> Address TOPEKA KAN Signed [Signature] Date 5/30/99	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				Authorized representative	

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

Form WWC-5

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