

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<br><b>Brown</b> | Fraction<br><b>NW 1/4 NW 1/4 NE 1/4</b>   | Section number<br><b>32</b>   | Township number<br><b>T 2 S R 17E</b>   | Range number<br><b>E/W</b>  |
| 2. Distance and direction from nearest town or city:<br><b>South edge of Hiawatha, Ks.</b><br>Street address of well location if in city:  |                        |   | 3. Owner of well:<br><b>State of Kansas</b><br>R.R. or street:<br><b>State Office Building</b><br>City, state, zip code:<br><b>Topeka, Kansas</b> |   |   |
| 4. Locate with "X" in section below:<br>N<br>W E<br>S<br>1 Mile  |                        | Sketch map:<br><b>Well location as shown on Plans.<br/>Sta. 206+38, 73' Lt. CL Project<br/>(BC) 36-7-RF-092-5 (13)</b>  |   | 6. Bore hole dia. _____ in. Completion date _____<br>Well depth _____ ft.   |   |
|  |                        | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary |   | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other |   |
|  |                        |   |   | 9. Casing: Material _____ Height: Above or below<br>Threaded _____ Welded _____ Surface _____ in.<br>RMP _____ PVC _____ Weight _____ lbs./ft.<br>Dia. _____ in. to _____ ft. depth; Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth; gage No. _____   |   |
| 5. Type and color of material  |                        |   | From  | To  | 10. Screen: Manufacturer's name _____<br>Type _____ Dia. _____<br>Slot/gauze _____ Length _____<br>Set between _____ ft. and _____ ft.<br>_____ ft. and _____ ft.<br>Gravel pack? _____ Size range of material _____  |
| 4.0' x 12.5' Water Well was plugged in accordance with special provision 73P-196 for project (BC) 36-7-RF-092-5 (13). Cut off casing three feet below ground surface, fill to within three feet of top of casing with sand and fill the top three feet with concrete or neat cement grout on May 22, 1980. |                        |   |   |   | 11. Static water level: _____ mo./day/yr.<br>_____ ft. below land surface Date _____  |
| Harold E. Arnold, Construction Engineer<br>Kansas Department of Transportation   |                        |   |   |   | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.  |
|  |                        |   |   |   | 13. Water sample submitted: _____ mo./day/yr.<br>Yes _____ No _____ Date _____  |
|  |                        |   |   |   | 14. Well head completion:<br>_____ Pitless adapter _____ Inches above grade   |
|  |                        |   |   |   | 15. Well grouted? _____<br>With: _____ Neat cement _____ Bentonite _____ Concrete<br>Depth: From _____ ft. to _____ ft.   |
|  |                        |   |   |   | 16. Nearest source of possible contamination:<br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? _____ Yes _____ No   |
|  |                        |   |   |   | 17. Pump: _____ Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br>_____ Submersible _____ Turbine<br>_____ Jet _____ Reciprocating<br>_____ Centrifugal _____ Other      |
| (Use a second sheet if needed)   |                        |   |   |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><br>Business name _____ License No. _____<br>Address _____<br>Signed _____ Date _____<br>Authorized representative |
| 18. Elevation:<br><br>Topography:<br>_____ Hill<br>_____ Slope<br>_____ Upland<br>_____ Valley   | 19. Remarks:           |   |   |   |   |

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