

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 <u>Sumner</u>	Fraction <u>SE 1/4 NW 1/4 NE 1/4</u>	Section number <u>3 N</u>	Township number <u>T 30 S</u>	Range number <u>R 1 E E/W</u>
2. Distance and direction from nearest town or city: <u>4 mi. WEST of MULVANE</u>			3. Owner of well: <u>M. HORTON</u>		
Street address of well location if in city:			R.R. or street: <u>RT. 2</u>		
			City, state, zip code: <u>MULVANE, KS.</u>		
4. Locate with "X" in section below:			Sketch map: <u>Fence</u>		
5. Type and color of material			6. Bore hole dia. <u>11</u> in. Completion date <u>7-2-77</u>		
			Well depth <u>45</u> ft.		
			7. <input checked="" 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		
			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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>Steel</u> Height: Above or below		
			Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.		
			RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.5</u> lbs./ft.		
			Dia. <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or		
			Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>200</u>		
			10. Screen: Manufacturer's name <u>J&L</u>		
			Type <u>200</u> Dia. <u>5"</u>		
			Slot/gauze <u>.065</u> Length <u>10'</u>		
			Set between <u>35</u> ft. and <u>45</u> ft.		
			<u> </u> ft. and <u> </u> ft.		
			Gravel pack? <u>YES</u> Size range of material <u>1/8"-3/4"</u>		
			11. Static water level: <u>21</u> ft. below land surface Date <u>7-2-77</u>		
			12. Pumping level below land surfaces:		
			<u>21</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m.		
			<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.		
			Estimated maximum yield <u>30-40</u> g.p.m.		
			13. Water sample submitted: <u> </u> mo./day/yr.		
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>		
			14. Well head completion:		
			<u> </u> Pitless adapter <u>12</u> inches above grade		
			15. Well grouted? <u>YES</u>		
			With: <u> </u> Neat cement <u> </u> Bentonite <u> </u> Concrete		
			Depth: From <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination:		
			ft. <u>55</u> Direction <u>NORTH</u> Type <u>SEPTIC</u>		
			Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <u> </u> Not installed		
			Manufacturer's name <u>SPARS</u>		
			Model number <u>UNKNOWN</u> HP <u>1/2</u> Volts <u>115</u>		
			Length of drop pipe <u>40</u> ft. capacity <u>10</u> g.p.m.		
			Type:		
			<input type="checkbox"/> Submersible <input type="checkbox"/> Turbine		
			<input checked="" 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: <u>South on Hydraulic to 119th</u> <u>Then 400 ft. South 800 East</u> <u>Then 1200 ft South. on E. Side</u> <u>777-4968</u>			
Topography:		20. Water well contractor's certification:			
<input type="checkbox"/> Hill		This well was drilled under my jurisdiction and this report			
<input type="checkbox"/> Slope		is true to the best of my knowledge and belief.			
<input type="checkbox"/> Upland		<u>2151 Elevation</u> <u>129</u>			
<input checked="" type="checkbox"/> Valley		Business name <u>S.W. 2157</u> License No. <u> </u>			
		Address <u>610 1/2 N. 1st St.</u>			
		Signed <u>John Harris</u> Date <u>7-2-77</u>			
		Authorized representative			

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

Form WWC-5