

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: Sumner	Fraction: NE 1/4 NW 1/4 NW 1/4	Section number: 10	Township number: T 30 S R 2 E	Range number: 2	
2. Distance and direction from nearest town or city: 2 SE Mulvane 1 East. Street address of well location if in city:			3. Owner of well: Randy Landon R.R. or street: City, state, zip code: Mulvane Ks 67110			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 5 in. Completion date 6/30/77 Well depth 80 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 checked="" 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other						
9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 1 1/2 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 258 lbs./ft. Dia. 5 in. to 80 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. 223						
5. Type and color of material			From	To	10. Screen: Manufacturer's name M. P. I.	
Top soil			0	2	Type Special Dia. 5 in.	
black clay.			2	24	Slot gauze 1/16 Length 40 ft.	
charcoal shale			24	80	Set between 40 ft. and 80 ft. ft. and <input type="checkbox"/> ft.	
Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8						
11. Static water level: 18 ft. below land surface Date 6/30/78 no./day/yr.						
12. Pumping level below land surfaces: 70 ft. after 1/2 hrs. pumping 5 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 4-7 g.p.m.						
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>						
14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade						
15. Well grouted? <input checked="" type="checkbox"/> yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.						
16. Nearest source of possible contamination: 150 ft. Direction NE Type Septic Well disinfected upon completion? <input checked="" 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: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: Customer has furnished 4x4x4 slab around well at grade			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. Wagner's Drilling 318 Address Topeka, KS License No. <input type="checkbox"/> Signature [Signature] Date 9/15/78 Authorized representative		

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

Form WWC-5

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