

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>1/4 SW 1/4 NE 1/4</u>		Section number <u>10</u>		Township number T <u>30S</u> S R <u>2</u> E W <u>0</u>		Range number	
2. Distance and direction from nearest town or city: <u>3 E., 150., 1/2 West of</u>				3. Owner of well: <u>Leopold Gigg</u>					
Street address of well location if in city: <u>1/2 West of</u>				R.R. or street: <u>1243 Draper</u>					
				City, state, zip code: <u>Derby, Kansas</u>					
4. Locate with "X" in section below: <u>Mulvane, Kansas</u>				Sketch map:					
				6. Bore hole dia. <u>1 1/2</u> in. Completion date <u>6-28-76</u> Well depth <u>55</u> ft.					
				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					
				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 <u>Steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>10</u> lbs./ft. Dia. <u>5</u> in. to <u>55</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>55</u> ft. depth gage No. <u>.200</u>					
5. Type and color of material				From		To			
<u>Sandy Clay</u>				<u>0</u>		<u>15</u>			
<u>Limestone Rock</u>				<u>15</u>		<u>17</u>			
<u>Shale</u>				<u>17</u>		<u>55</u>			
						10. Green: Manufacturer's name <u>Qualflower (Elastic)</u> Type <u>Styrene</u> Dia. <u>5"</u> Flt/gauze <u>.06</u> Length <u>35</u> Set between <u>20</u> ft. and <u>55</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u>			
						11. Static water level: <u>20</u> ft. below land surface Date <u>6-28-76</u> mo./day/yr.			
						12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.			
						13. Water sample submitted: ____ Yes ____ No Date ____ mo./day/yr.			
						14. Well head completion: <u>12</u> <u>Capped</u> <input type="checkbox"/> Pitless adapter ____ inches above grade			
						15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40"</u> to <u>14</u> ft.			
						16. Nearest source of possible contamination: <u>none</u> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ No			
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ 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: <u>no apparent source for contamination</u> <u>septic tank not installed when the well was drilled.</u>							
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <u>Harp Mill + Pump 236</u> Business name License No. <u>1/4</u> Address <u>Nichita Kansas</u> Signed <u>M. Arnold</u> Date <u>8-16-76</u> Authorized representative							

T 30 S 20 E
 R 10 SW NE
 Sec 10 SW NE
 1/4 1/4 1/4

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

Form WWC-5

Pump not installed at this time.