

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>NE 1/4 NW 1/4 NE 1/4</u>	Section number: <u>22</u>	Township number: T <u>30</u> S	Range number: R <u>2</u> E <u>W</u>
2. Distance and direction from nearest town or city:	<u>2 SE., 25.</u> <u>1/2 East of Mulvane, Ks.</u>		3. Owner of well: <u>Phil Self</u>	R.R. or street: <u>R#1</u>	City, state, zip code: <u>Mulvane, Kansas</u>
4. Locate with "X" in section below:	Sketch map:			6. Bore hole dia. <u>5</u> in. Completion date <u>10-1-75</u> Well depth <u>60</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 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/below surface <u>12</u> in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>		
5. Type and color of material	From	To	10. Screen: Manufacturer's name <u>Sunflower Plastic</u> Type <u>Steprene</u> Dia. <u>5"</u> Slot/gauze <u>.050</u> Length <u>30'</u> Set between <u>30</u> ft. and <u>60</u> ft. Gravel pack? <u>yes</u> size range of material <u>1/4-1/8"</u>		
<u>Topsoil</u>	<u>0</u>	<u>2</u>	11. Static water level: _____ mo./day/yr. <u>30</u> ft. below land surface Date <u>10-1-75</u>		
<u>Sandy Clay</u>	<u>2</u>	<u>18</u>	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.		
<u>Fine Sand</u>	<u>18</u>	<u>29</u>	13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____		
<u>Medium Sand</u>	<u>29</u>	<u>52</u>	14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
<u>Shale</u>	<u>52</u>	<u>60</u>	15. Well grouted? <u>yes</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40"</u> to <u>14</u> ft.		
			16. Nearest source of possible contamination: _____ ft. <u>60</u> Direction <u>SE</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <u>Jack</u>		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ 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)			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>Sharp Mill & Pump 236</u> Business name _____ License No. _____ Address <u>Wichita, Kansas</u> Signed <u>M. Arnold</u> Date <u>10-3-75</u> Authorized representative		
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	<u>no apparent source for contamination.</u>				

T 30
 R 2
 W 22
 Sec 22
 NE NW NE
 1/4 1/4 1/4

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

Form WWC-5