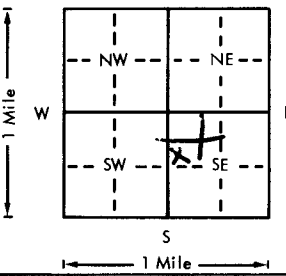


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Howe</i> | Fraction <i>SW 1/4 NW 1/4 SE 1/4</i> | Section number <i>25</i> | Township number <i>T 12 S</i> | Range number <i>R 30 E</i> | |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: <i>8523 Edginnell</i> | | | 3. Owner of well: <i>Walter Dohm</i> R.R. or street: City, state, zip code: <i>Sumner Ks.</i> | | | | |
| 4. Locate with "X" in section below: N W E S 1 Mile 1 Mile | | | Sketch map:  | | | 6. Bore hole dia. <i>9</i> in. Completion date <i>12-19</i> Well depth <i>53</i> ft. | |
| 5. Type and color of material | | | From | To | 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 | | |
| <i>Top soil</i> | | | <i>0</i> | <i>19</i> | 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | |
| <i>Clay</i> | | | <i>19</i> | <i>50</i> | 9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <i>12</i> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <i>20081</i> lbs./ft. Dia. <i>0</i> in. to <i>53</i> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <i>250</i> | | |
| <i>M. Gravel</i> | | | <i>50</i> | <i>51</i> | 10. Screen: Manufacturer's name _____ Type <i>PVC</i> Dia. <i>5"</i> Slot/gauze <i>1/16</i> Length <i>10'</i> Set between <i>43</i> ft. and <i>53</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>7/16</i> | | |
| <i>Rock</i> | | | <i>51</i> | <i>53</i> | 11. Static water level: _____ mo./day/yr. <i>13</i> ft. below land surface Date <i>12-19-80</i> | | |
| | | | | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>5</i> g.p.m. | | |
| | | | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____ | | |
| | | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12"</i> inches above grade | | |
| | | | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft. | | |
| | | | | | 16. Nearest source of possible contamination: ft. <i>1000</i> Direction <i>S</i> Type <i>Drain</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | 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) | | | | |
| 18. Elevation: | | 19. Remarks: | | 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. <i>B+B Dullery</i> <i>376</i> Business name _____ License No. _____ Address <i>Sumner Ks</i> Signed <i>Joseph Beckman</i> Date <i>1-12-81</i> Authorized representative | | | |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | | |

T-12
 R-30E
 SW 1/4 NW 1/4 SE

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

Form WWC-5