

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 <b>LINCOLN</b>	Fraction <b>E1/2</b> SE 1/4 SE 1/4 SW 1/4	Section number <b>4</b>	Township number T <b>13</b> S	Range number R <b>10</b> E/W
2. Distance and direction from nearest town or city: <b>WILSON</b>			3. Owner of well: <b>ROBERT GIER JR.</b>			
Street address of well location if in city: <b>10 MILES NORTH</b>			R.R. or street: City, state, zip code: <b>SYLVAN GROVE, KANSAS</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>7"</u> in. Completion date <u>6-8-77</u> Well depth <u>227</u> ft.		
		<p style="text-align: center;"><b>PASTURE WELL</b></p>		7. <input checked="" type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material		From	To	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>282.8</u> lbs./ft. <b>100</b> Dia. <u>4</u> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>265</u>		
TOP SOIL		0	30	10. Screen: Manufacturer's name <b>MODERN PIPE INC</b> Type <u>PVC # 200</u> Dia. <u>4</u> Slot/gauze <u>1/16</u> Length <input checked="" type="checkbox"/> Set between <u>207</u> ft. and <u>227</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/8</u>		
BLUE SHALE		30	185	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
SAND ROCK		185	190	12. Pumping level below land surfaces: <b>BAILER TEST</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15</u> g.p.m.		
RED ROCK		190	218	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
SAND ROCK		218	227	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12"</u> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>207</u> ft.		
				<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <b>windmill</b> <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. <b>SMALL'S WATER WELL DRLG. 260</b> Business name _____ License No. _____ Address _____ Signature: <i>[Signature]</i> <b>1977</b> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				<div style="position: absolute; right: -50px; top: 50%; transform: translateY(-50%); font-size: 2em; font-weight: bold;">             T R S E S E S W 1/4 1/4 1/4 1/4           </div>		

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

Form WWC-5