

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>LINCOLN</b>	Township name	Fraction <b>SE SW</b> <b>SE 1/4</b>	Section number <b>35</b>	Town number <b>T 13 S</b>	Range number <b>R 8 W</b>		
Distance and direction from nearest town or city:			3 Owner of well: <b>R. H. Choitz</b>					
Street address of well location if in city: <b>125. LINCOLN</b>			Address: <b>Star Route, Ellsworth, Kan</b>					
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>190</b> ft. Date of completion <b>1-20-75</b> Well diameter <b>9</b> in.				
				5 <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				
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>				
2		Type and color of material		From To		7 Casing: Material <b>PVC</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>160 PSI</b> Weight _____ lbs./ft. _____ <b>2</b> in. to <b>175</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth!		
						8 Screen: Manufacturer <b>DURS NPI</b> Type <b>drilled PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>15'</b> Set between <b>175</b> ft. and <b>190</b> ft. <b>48-34"</b> Fittings: <b>CM-7</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
						9 Static water level: <b>90</b> ft. below land surface Date <b>1-20-75</b>		
						10 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.		
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
						12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>12"</b> inches above grade		
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.		
						14 Nearest source of possible contamination: <b>PIT</b> ft. <b>150</b> Direction <b>North</b> Type <b>Privy</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
						15 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		
16 Remarks: elevation						17 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>Kellys Water Well Ser 186</b> Business name _____ License No. _____ Address <b>R2 Great Bend</b> Signed <b>Kelly Price</b> Date <b>1-28-75</b> Authorized representative		
		Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5