

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 Ellsworth	Township name	Fraction NE NW	Section number 21	Town number 15 S	Range number 9 W
Distance and direction from nearest town or city: 7 W			3 Owner of well: MILTON MOHN			
Street address of well location if in city: Ellsworth, Kan			Address: 7196 W. Vassar Ave Lake Wood, Colo.			
Locate with "X" in section below:		Sketch map:		4 Well depth: 57 ft. Date of completion 5-29-75 Well diameter 8 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		
2		Type and color of material		7 Casing: Material PVC Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5" Weight _____ lbs./ft. _____ in. to 57 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
				8 Screen: Manufacturer MPI Type PVC Dia. 5" Slot/gauze 1/4" Length 20' Set between 34 ft. and 57 ft. Fittings: 1/8 - 3/4" Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
				9 Static water level: 22 ft. below land surface Date 5-29-75		
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 25 g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: 12 <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 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 4 ft. to 14 ft.		
				14 Nearest source of possible contamination: Septic ft. 65 Direction N Type TANK 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.m.p. 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. Kelly's Water Well Ser 186 Business name _____ License No. _____ Address R2 Great Bend KS Signed Kelly Juice Date 6-10-75 Authorized representative		

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

Form WWC-5