

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>Reno</u>	Fraction <u>NE 1/4 NW 1/4 SW 1/4</u>	Section number <u>12</u>	Township number <u>T 23</u>	Range number <u>S 5</u>	<u>EW</u>				
2. Distance and direction from nearest town or city: <u>1/2 mi. N 4th on Mayfield Rd</u> Street address of well location if in city: <u>E of Hutchinson</u>			3. Owner of well: <u>Mayfield Music Co.</u> R.R. or street: <u>S. S. Main</u> City, state, zip code: <u>Hutchinson Kan. 67501</u>							
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>NW</td><td>NE</td></tr><tr><td>X SW</td><td>SE</td></tr></table> E S 1 Mile</div>			NW	NE	X SW	SE	Sketch map: <div style="text-align: center;">well • Cabin ——— septic</div>		6. Bore hole dia. <u>12</u> in. Completion date <u>6-9-75</u> Well depth <u>50</u> ft.	
NW	NE									
X SW	SE									
5. Type and color of material			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>Plas</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>6 in</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>6</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>175</u>		10. Screen: Manufacturer's name <u>J&L</u> Type <u>RMP</u> Dia. <u>6"</u> Slot/gauze <u>1/8 hole</u> Length <u>20</u> Set between <u>30</u> ft. and <u>50</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <u>yes</u> Size range of material <u>1/8 - 1/2</u>					
			11. Static water level: <u>9</u> ft. below land surface Date <u>6-9-75</u> mo./day/yr.		12. Pumping level below land surfaces: <u>17</u> ft. after <u>1</u> hrs. pumping <u>15</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>20</u> g.p.m.					
			13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade					
			15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>10</u> ft.		16. Nearest source of possible contamination: ft. <u>60</u> Direction <u>E</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
(Use a second sheet if needed)			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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		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>Price Water Well 193</u> Business name <u>RR 3 Hutchinson</u> License No. <u> </u> Address <u> </u> Signed <u>John Davenport</u> Date <u>8-2-77</u> Authorized representative					
			18. Elevation:		19. Remarks:					
			Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

23
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5
③
12
NE NW SE
1/4 1/4 1/4

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

Form WWC-5