

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>Reno</b>	Fraction <b>SE 1/4 NW 1/4 SW 1/4</b>	Section number <b>2833</b>	Township number <b>T 23-N</b>	Range number <b>R 5W E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>2514 E. 44th</b>				3. Owner of well: <b>Terry Messing Realtors</b> R.R. or street: <b>1011 N. Main</b> City, state, zip code: <b>Hutchinson, Kan. 67501</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: 6. Bore hole dia. <b>12</b> in. Completion date <b>9-4-75</b> Well depth <b>76</b> ft. 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 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 <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12"</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>6</b> in. to <b>51</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <b>175</b>		
5. Type and color of material				From	To	10. Screen: Manufacturer's name <b>J&amp;L</b> Type <b>100</b> Dia. <b>6"</b> Slot/gauze <b>1/8"</b> Length <b>25'</b> Set between <b>51</b> ft. and <b>76</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <b>yes</b> Size range of material <b>1/8"-1/2"</b>
						11. Static water level: <input type="checkbox"/> mo./day/yr. <b>12'</b> ft. below land surface Date <b>9-4-75</b>
						12. Pumping level below land surfaces: <b>26</b> ft. after <b>16</b> hrs. pumping <b>15</b> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>25</b> g.p.m.
						13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
						14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
						15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
						16. Nearest source of possible contamination: ft. <b>60</b> Direction <b>North</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. <b>Price Water Well 193</b> Business name <b>RR#3 Hutchinson</b> License No. <input type="checkbox"/> Address <b>John Davenport</b> Date <b>11-28-75</b> Signed <input type="checkbox"/> 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 Department of Health and Environment

Form WWC-5