

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

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>GRAY</b>	Township name	Fraction <b>NE NE</b>	Section number	Town number	Range number
Distance and direction from nearest town or city: <b>EAST <math>\frac{1}{4}</math> mile from Piersonville</b>			3 Owner of well: <b>VERN BEAVERS</b> Address: <b>PIERCEVILLE, KS.</b>			
Locate with "X" in section below:			Sketch map:			
4 Well depth: <b>165</b> ft. Date of completion <b>4/17/75</b> Well diameter <b>5</b> in. 5 <input 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 6 Use: <input 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						
7 Casing: Material <b>POC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. Weight <b>125</b> lbs./ft. S in. to <b>165</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No						
8 Screen: Manufacturer <b>PUMPCO - CURSELINE</b> Type <b>POC</b> Dia. <b>5"</b> Slot/gauze <b>1/8</b> Length <b>20'</b> Set between <b>155</b> ft. and <b>165</b> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>4</b>						
9 Static water level: <b>32</b> ft. below land surface Date <b>4/17/75</b>						
10 Pumping level below land surfaces: <b>0</b> ft. after <b>0</b> hrs. pumping <b>0</b> g.p.m. <b>0</b> ft. after <b>0</b> hrs. pumping <b>0</b> g.p.m. Estimated maximum yield <b>0</b> g.p.m.						
11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date <b>4/17/75</b>						
12 Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade						
13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>0</b> ft.						
14 Nearest source of possible contamination: <b>middle</b> 0 ft. <b>west</b> direction <b>west</b> Type <b>0</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No						
15 Pump: Manufacturer's name <b>INDIANA DRILLING 172</b> Model number <b>0</b> HP <b>0</b> Volts <b>0</b> Length of drop pipe <b>0</b> ft. capacity <b>0</b> 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 Customer will grout after he digs for well pit.						
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>INDIANA DRILLING 172</b> Business name <b>GARDEN CITY, KS.</b> License No. <b>0</b> Address <b>0</b> Signed <b>Martha Morgan</b> Date <b>5/13</b> Authorized representative <b>0</b>						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						
(use a second sheet if needed)						

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

Form WWC-5