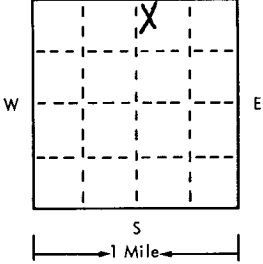


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

| | | | | | | |
|---|---------------------------------------|---------------|--------------------------|--|------------------------|-------------------------|
| 1 Location of well: | County <u>Edwards</u> <u>kiowa</u> | Township name | Fraction <u>NW NW NE</u> | Section number <u>27</u> | Town number <u>26S</u> | Range number <u>18W</u> |
| Distance and direction from nearest town or city: <u>5 mile South and 1/2 mile West of</u> Street address of well location if in city: <u>Center view</u> | | | | 3 Owner of well: <u>Steve Bundy</u> Address: <u>Lewis, KS</u> | | |
| Locate with "X" in section below: N  S 1 Mile | | | | Sketch map: | | |
| 2 | | | | 4 Well depth: <u>80</u> ft. Date of completion <u>4/4/74</u> Well diameter: <u>7 1/2</u> 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"/> | | |
| | | | | 7 Casing: Material <u>steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>13</u> in. Diam. <u>4 1/2</u> in. to <u>80</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>4 1/2</u> in. to <u>80</u> ft. depth | | |
| | | | | 8 Screen: Manufacturer <u>R+B</u> Type <u>slotted PVC</u> Dia. <u>4 1/2</u> Slot/gauze <u>1/16</u> Length <u>15'</u> Set between <u>65</u> ft. and <u>80</u> ft. Fittings: <u>CM-3 1/4-3/8</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u> | | |
| | | | | 9 Static water level: <u>30</u> ft. below land surface Date <u>4/4/74</u> | | |
| | | | | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date ____ | | |
| | | | | 12 Well head completion: <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 <u>0</u> ft. to <u>30</u> ft. | | |
| | | | | 14 Nearest source of possible contamination: <u>unknown</u> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>hermeton</u> Model number <u>SD19</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>75</u> ft. capacity <u>19</u> g.p.m. Type: <input checked="" 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. <u>Reseneritz-Bemis</u> Business name <u>Lucas Bundy, KS</u> License No. <u>134</u> Address <u> </u> Signed <u>Freddie Madison</u> Date <u>4/16/74</u> Authorized representative | | |

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

Form WWC-5