

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 Edwards Fraction NE 1/4 NE 1/4 NE 1/4 Section number 32 Township number T 26 S Range number R 18 W	
2. Distance and direction from nearest town or city: 1 1/2 N Greensburg Kans. 3. Owner of well: Keith Chadd Mullinville Kansas Street address of well location if in city: R.R. or street: City, state, zip code:	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
Top Soil - Sandy	0 3
Sandy Clay - Reddish Br.	3 31
Clay - BROWN	31 32
Gravel - FINE TO 1/2"	32 60
6. Bore hole dia. 8 3/4 in. Completion date 12-13-76 Well depth 60 ft.	
7. 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" 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 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight 800 lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches 1/2 Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200	
10. Screen: Manufacturer's name SUNFLOWER Plastics Type RMP Dia. 5" Slot/gauze slot Length 20' Set between 40 ft. and 60 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material: 3/16 to 1/2"	
11. Static water level: <input type="checkbox"/> mo./day/yr. 28 ft. below land surface Date 12-13-76	
12. Pumping level below land surfaces: No <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping Pump g.p.m. Estimated maximum yield Installed g.p.m.	
13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade	
15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
16. Nearest source of possible contamination ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type Cattle Well disinfected upon completion? <input 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: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: Drilled set casing, failed and grouted. owner to be pump Carl Hayes
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. Carl Hayes Water Well Serv. 224 Business name 603.3 Maple Greenburg License No. Address Kans Signed Carl Hayes Date 12-13-76 Authorized representative	

T 26 S R 18 W Sec 32 NE 1/4 NE 1/4

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

Form WWC-5