

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

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

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>Kiowa</b>	Township name <b>Lincoln</b>	Fraction <b>NE 1/4 - NW 1/4</b>	Section number <b>32</b>	Town number <b>T-27-S</b>	Range number <b>R-16-W</b>
Distance and direction from nearest town or city: <b>3 N. of Haviland Kans</b>				3 Owner of well: <b>W.L. Shankhouse</b> Address: <b>Haviland Kans.</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>80</b> ft. Date of completion: <b>1-27-75</b> Well diameter: <b>5 1/2</b> 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 <b>RMP</b> Height: <b>Above</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>80</b> ft. depth Weight <b>200</b> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2		Type and color of material		From	To	8 Screen:	
		<b>Top Soil</b>		<b>0</b>	<b>4</b>	Manufacturer: <b>Clesset &amp; Lowell</b>	
		<b>Black - Hardpan</b>		<b>4</b>	<b>19</b>	Type: <b>Styrene RMP</b> Dia. <b>5</b>	
		<b>Clay</b>		<b>19</b>	<b>54</b>	Slot gauze <b>1/8</b> Length <b>20'</b>	
		<b>Gravel 1/8 - 3/4</b>		<b>54</b>	<b>80</b>	Set between <b>60</b> ft. and <b>80</b> ft.	
						Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4</b>	
						9 Static water level: <b>54</b> ft. below land surface Date <b>1-27-75</b>	
						10 Pumping level below land surfaces: <b>54</b> ft. after <b>4</b> hrs. pumping <b>3</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>50</b> g.p.m.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
						12 Well head completion: <input type="checkbox"/> Pitless adapter <b>A</b> 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 <b>0</b> ft. to <b>10</b> ft.	
						14 Nearest source of possible contamination: ft. <b>None</b> 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: <b>Windmill/ARMATOR</b> Model number <b>847</b> HP <b>1</b> Volts <b>0</b> Length of drop pipe <b>65</b> ft. capacity <b>3</b> g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating ? <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
16 Remarks: elevation		17 Water well contractor's certification:					
<p><b>Ground Slopes From Well.</b> <b>This pasture Well IN Native Grass.</b></p> <p>Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley</p>		<p>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Carl Hayes Water Well Serv 224</b> Business name: _____ License No. _____ Address: <b>603 So. Maple</b> Signed: <b>Carl Hayes</b> Date: <b>2-16-75</b> Authorized representative</p>					

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

Form WWC-5

Revised AS ORDERED:  
Carl Hayes