

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 <u>Kiowa</u> Fraction <u>SE 1/4 SE 1/4 NE 1/4</u> Section number <u>7</u> Township number <u>T 27 S</u> Range number <u>R 18 W</u>	
2. Distance and direction from nearest town or city: <u>1.5 N. 1 W Greensburg Kansas</u>	
3. Owner of well: <u>Vernon Davis</u> R.R. or street: City, state, zip code: <u>Mullinville Kansas</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
<u>Top Sandy Clay</u>	<u>0 3</u>
<u>Sandy Clay</u>	<u>3 22</u>
<u>Br. Clay</u>	<u>22 28</u>
<u>Sandy Clay</u>	<u>28 59</u>
<u>Gravel</u>	<u>59 83</u>
(Use a second sheet if needed)	
6. Bore hole dia. _____ in. Completion date _____ Well depth <u>83</u> ft. <u>12-21-77</u>	
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 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 <u>PI</u> Height: Above or below Threaded _____ Welded <u>GI</u> Surface <u>20</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>83</u> ft. depth Wall thickness _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
10. Screens: Manufacturer's name _____ <u>Surfloss Plastics</u> Type <u>RMP</u> Dia. <u>5</u> Slot/ gauze <u>1/8</u> Length <u>20</u> Set between <u>63</u> ft. and <u>83</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4x5</u>	
11. Static water level: _____ mo./day/yr. <u>68</u> ft. below land surface Date <u>12-21-77</u>	
12. Pumping level below land surfaces: <u>62</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>2.5</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>20</u> Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>Live Stock</u> Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
17. Pump: _____ Not installed Manufacturer's name <u>Flint + Walling</u> Model number <u>5BQ8</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>75</u> ft. capacity <u>20</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	
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>CARL HAYSE WATER WELL SERV. 224</u> Business name _____ License No. _____ <u>603 S. Maple, Greensburg, Kansas</u> Address _____ Signed <u>Carl Hayse</u> Date <u>12-21-77</u> Authorized representative

T 27 S R 18 W 1/4 SE 1/4 NE

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

Form WWC-5