

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 <b>KIOWA</b>	Fraction <b>SW 1/4 1/4 1/4</b>	Section number <b>18</b>	Township number <b>T 27 S</b>	Range number <b>R 19 SW EW</b>
2. Distance and direction from nearest town or city: <b>6 1/2 N - 1 1/2 E - 1/4 N from Mullinville, Mo.</b>				3. Owner of well: <b>Chester R. ZIMMERMAN</b> R.R. or street: <b>RRI</b> City, state, zip code: <b>Mullinville, KANSAS</b>		
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>2 1/2</b> in. Completion date <b>6-14-76</b> Well depth <b>96</b> ft.	
					7. <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 checked="" type="checkbox"/> Reverse rotary	
5. Type and color of material				From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Topsoil				0	2	9. Casing: Material <b>Steel</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>20</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>1 1/2</b> in. to <b>96</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>219</b>
SAND, COARSE w/ SMALL GRAVEL				2	21	10. Screen: Manufacturer's name <b>W.A. Brown Co.</b> Type <b>Steel 2 1/2</b> Dia. <b>1 1/2</b> " Slot/gauze _____ Length _____ Set between <b>16</b> ft. and <b>96</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____
GRAVEL, SMALL & MEDIUM MIXED				21	35	11. Static water level: _____ mo./day/yr. <b>38</b> ft. below land surface Date <b>6-14-76</b>
GRAVEL, MEDIUM TO COARSE w/ SOME CLAY (SAND)				35	87	12. Pumping level below land surfaces: <b>38</b> ft. after <b>1 1/2</b> hrs. pumping <b>525</b> g.p.m. <b>38</b> ft. after <b>1 1/2</b> hrs. pumping <b>525</b> g.p.m. Estimated maximum yield _____ g.p.m.
CLAY, GRAYISH BROWN				87	96	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
						15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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:		19. Remarks:		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. <b>EWBANK, INC. 334</b> Business name <b>901 South Main</b> License No. _____ Address <b>Fairview, Okla.</b> Signed <b>Rodney Eubank</b> Date <b>7-18</b> Authorized Representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 27  
 R 19  
 Sec 18  
 1/4 1/4 1/4

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

Form WWC-5