

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>NW 1/4 NE 1/4 NW 1/4</b> Section number <b>20</b> Township number <b>T 27 S R 19 E/W</b> Range number	
2. Distance and direction from nearest town or city: <b>7 1/2 mi. Greensburg Kans</b> Street address of well location if in city:	
3. Owner of well: <b>Vernon Davis</b> R.R. or street: City, state, zip code: <b>Mullinville Kans</b>	
4. Locate with "X" in section below: Sketch map:	
6. Bore hole dia. <b>8 3/4 in.</b> Completion date <b>11-27-76</b> Well depth <b>63 ft.</b>	
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 _____ Height: Above or below Threaded _____ Welded _____ Surface <b>24</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight <b>200</b> lbs./ft. Dia. <b>5</b> in. to <b>63</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>	
10. Screen: Manufacturer's name <b>Sunflower Plastics</b> Type <b>RMP</b> Dio. <b>5"</b> Slot/gauze _____ Length <b>20</b> Set between <b>43</b> ft. and <b>63</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 to 1/2</b>	
11. Static water level: _____ mo./day/yr. <b>31</b> ft. below land surface Date <b>11-27-76</b>	
12. Pumping level below land surfaces: <del>37</del> ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____	
14. Well head completion: _____ Pitless adapter <b>24</b> inches above grade	
15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>1</b> ft. to <b>10</b> ft.	
16. Nearest source of possible contamination: <b>PASTURE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ HP _____ Volts _____ Model number _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ 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:
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>Carl Kaysse Water Well Serv. 224</b> Business name _____ License No. _____ Address <b>603 S. Maple Street, Greensburg, KS</b> Signed <b>Carl Kaysse</b> Date <b>11-27-76</b> Authorized representative	

T 27 S R 19 E Sec 20 NW 1/4 NE 1/4 NW 1/4

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

Form WWC-5