

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

<input checked="" type="checkbox"/> 1. Location of well:	County: <u>Kiowa</u>	Fraction: <u>SW 1/4 SW 1/4 NW 1/4</u>	<input checked="" type="checkbox"/> Section number: <u>38</u>	Township number: T <u>27</u> S	Range number: R <u>19</u> <u>W</u>
<input checked="" type="checkbox"/> 2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>3 EA N. Mullinville Kansas</u>		3. Owner of well: <u>Dewain Davis</u> R.R. or street: City, state, zip code: <u>Mullinville Kansas</u>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 6. Bore hole dig. <u>8 3/4</u> in. Completion date: <u>9-5-78</u> Well depth: <u>100</u> ft.		
5. Type and color of material			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 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>PL</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.5</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>100</u> ft. depth gage No. <u>200</u>		
			10. Screens: Manufacturer's name <u>Sunflower Plastics</u> Type <u>RMP</u> Dia. <u>5'</u> Slot/gauze <u>78</u> Length <u>20'</u> Set between <u>78</u> ft. and <u>100</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>KA 3g</u>		
			11. Static water level: <u>58</u> ft. below land surface Date <u>9-5-78</u> mo./day/yr.		
12. Pumping level below land surfaces: <u>38</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>35</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 checked="" type="checkbox"/> Pitless adapter <u>14</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>3</u> ft. to <u>14</u> ft.					
16. Nearest source of possible contamination: ft. <u>75</u> Direction <u>E</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
17. Pump: Not installed. Manufacturer's name <u>Flint &amp; Walling</u> Model number <u>7BU12</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>84</u> ft. capacity <u>10</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					
(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>CARL HAYSE WATER WELL SERV. 224</b> Business name License No. <u>603 S. Maple, Greensburg, Kans</u> Signed <u>Carl Hayse</u> <u>9-5-78</u> Date Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

287 19 W  
 Sec  
 33  
 1/4 1/4 1/4  
 S.W.S.W.

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

Form WWC-5