

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

22 total  
July 1, 77 - June 30, 78

1. Location of well:	County <b>Kiowa</b>	Fraction <b>1/4 C 1/4 NE 1/4</b>	Section number <b>35</b>	Township number <b>T 27 S</b>	Range number <b>R 19 E</b>
2. Distance and direction from nearest town or city: <b>4 1/2 - N 6 1/2 - E from Mullinville, Ks.</b> Street address of well location if in city:			3. Owner of well: <del>Butch Pyle</del> <b>Butch Pyle</b> R.R. or street: <b>106 Plaza Terrace</b> City, state, zip code: <b>Dodge City, Ks. 67801</b>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. <b>29</b> in. Completion date _____ Well depth <b>163</b> ft. <b>3-10-78</b>		
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 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		
			9. Casing: Material <b>Steel</b> Height: Above or below _____ Threaded _____ Welded _____ Surface <b>18</b> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>16</b> in. to <b>163</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. <b>7</b>		
			10. Screen: Manufacturer's name _____ <b>Doerrs</b> Type <b>steel</b> Dia. _____ Slot <del>3/16</del> <b>3/16</b> Length <b>64</b> Set between <b>99</b> ft. and <b>163</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>		
			11. Static water level: _____ mo./day/yr. <b>62</b> ft. below land surface Date <b>8-10-77</b>		
			12. Pumping level below land surfaces: <b>56</b> ft. after <b>1</b> hrs. pumping <b>600</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1400</b> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>8-10-77</b>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 _____ ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: ft. <b>1/8 mi</b> Direction <b>sw</b> Type <b>gas well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: _____ Not installed Manufacturer's name _____ <b>W.L.R.</b> Model number <b>4-12BH</b> HP <b>80</b> Volts _____ Length of drop pipe <b>130</b> ft. capacity <b>1000</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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>Rosencrantz-Bemis</b> <b>134</b> Business name License No. Address <b>Great Bend, Kansas 67530</b> Signed <b>L. Kilgore</b> Date <b>8-19-77</b> Authorized representative		

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1/4

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

Form WWC-5