

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>NE 1/4 SW 1/4 SE 1/4</b>	Section number: <b>8</b>	Township number: <b>T 27</b>	Range number: <b>R 20 W E 0</b>																				
2. Distance and direction from nearest town or city: <b>Mullinville</b> <b>1/2 NORTH 3 1/2 WEST 1/2 NORTH</b>			3. Owner of well: <b>H-30 INC</b> R.R. or street: <b>300 N. MAIN</b> City, state, zip code: <b>WICHITA KS 67202</b>																						
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>9</b> in. Completion date _____ Well depth <b>70</b> ft. <b>1-11-79</b>																					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">5. Type and color of material</td> <td style="width:10%;">From</td> <td style="width:10%;">To</td> <td style="width:30%;"></td> </tr> <tr> <td><b>Fine Sand</b></td> <td><b>0</b></td> <td><b>20</b></td> <td></td> </tr> <tr> <td><b>Clay</b></td> <td><b>20</b></td> <td><b>46</b></td> <td></td> </tr> <tr> <td><b>Fine Sand</b></td> <td><b>46</b></td> <td><b>50</b></td> <td></td> </tr> <tr> <td><b>Gravel</b></td> <td><b>50</b></td> <td><b>70</b></td> <td></td> </tr> </table>		5. Type and color of material	From	To		<b>Fine Sand</b>	<b>0</b>	<b>20</b>		<b>Clay</b>	<b>20</b>	<b>46</b>		<b>Fine Sand</b>	<b>46</b>	<b>50</b>		<b>Gravel</b>	<b>50</b>	<b>70</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	
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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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		9. Casing: Material <b>PVC</b> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>278-3</b> lbs./ft. Dia. <b>5</b> in. to <b>10</b> ft. depth Wall Thickness: <b>1/8</b> in. or Dia. _____ in. to _____ ft. depth gage No. <b>200-265</b>		10. Screen: Manufacturer's name _____ <b>Perless</b> Type <b>Saw</b> Dia. <b>5</b> Slot/gauge <b>1/8</b> Length <b>20</b> Set between <b>20</b> ft. and <b>30</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4-1/2</b>																					
(Use a second sheet if needed)				11. Static water level: _____ mo./day/yr. <b>17</b> ft. below land surface Date <b>1-11-79</b>																					
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.																					
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks:		13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____																					
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade																					
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" 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 <b>above</b> 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																					
				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>Maess Water Well 143</b> Business Name _____ License No. _____ Address <b>Great Bend KS</b> Signature <b>Gregg Rosenthal</b> Date <b>1-11-79</b> Authorized representative																					

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

Form WWC-5

T 27 R 20 W E 0  
 Sec 8 NE SW SE