

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>1/4 CSW 1/4 SE 1/4</b>		Section number <b>26</b>		Township number <b>T 27 S R 20 NW</b>		Range number	
2. Distance and direction from nearest town or city: <b>5 N</b>				3. Owner of well: <b>Abbott-Jones INC.</b>					
Street address of well location if in city: <b>Mullinville, KS</b>				R.R. or street: <b>830 SUTTON PL.</b>					
				City, state, zip code: <b>Wichita, KS</b>					
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <b>7</b> in. Completion date <b>2-3-76</b>			
						Well depth <b>137</b> ft.			
						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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other			
						<input checked="" type="checkbox"/> Casing: Material <b>PVC</b> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2</b> lbs./ft. Dia. <b>4</b> in. to <b>97</b> ft. depth <input checked="" type="checkbox"/> Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth <input checked="" type="checkbox"/> gage No. <b>sch 40</b>			
5. Type and color of material				From	To	10. Screen: Manufacturer's name <b>MPI</b>			
<b>Top Soil - Clay</b>				<b>0</b>	<b>42</b>	Type <b>PVC</b> Dia. <b>4"</b>			
<b>Sand - Fine</b>				<b>42</b>	<b>80</b>	Slot/gauze <b>10"</b> Length <b>40'</b>			
<b>Sand - Gravel</b>				<b>80</b>	<b>120</b>	Set between <b>97</b> ft. and <b>137</b> ft.			
<b>Clay</b>				<b>120</b>	<b>137</b>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4-3/4"</b>			
						11. Static water level: _____ mo./day/yr. <b>62</b> ft. below land surface Date <b>2-3-76</b>			
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>40</b> g.p.m.			
						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>18</b> inches above grade			
						15. Well grouted? _____ 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: <b>oil</b> ft. <b>75</b> Direction <b>SW</b> Type <b>Test</b> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
						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:							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley									
		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>Kelly's Water Well Serv.</b> Business name _____ License No. _____ Address <b>R 2 Great Bend, KS</b> Signed <b>Kelly Jones</b> Date <b>2-10-76</b> Authorized representative							

T 27 S R 20 NW 26 CSWSE  
 1/4

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

Form WWC-5