

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 SE 1/4 SW 1/4</b>	Section number <b>31</b>	Township number <b>T 27 S R 20 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>7 1/2 mi. Northwest of Mullenville, KS</b> Street address of well location if in city:				3. Owner of well: <b>Don Broomfield</b> R.R. or street: <b>Route 3</b> City, state, zip code: <b>Augusta, Kansas 67010</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>24</u> in. Completion date <u>9-5-75</u> Well depth <u>44</u> ft.		
				7. <input type="checkbox"/> Cable tool <input 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 checked="" 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		
5. Type and color of material		From	To	9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>26</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>44</u> ft. depth gage No. <u>7 ga.</u>		
Sand		0	7	10. Screen: Manufacturer's name <u>Johnson</u> <u>Division</u> Type <u>.125 Irrigator</u> Dia. <u>16"</u> <u>Slo</u> gauze <u>1/8</u> Length <u>15'</u> Set between <u>26</u> ft. and <u>41</u> ft. ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>		
Sand & gravel		7	37	11. Static water level: _____ mo./day/yr. <u>22</u> ft. below land surface Date <u>9-5-75</u>		
Brown clay & limestone		37	44	12. Pumping level below land surfaces: _____ N/C _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: _____ NONE KNOWN ft. _____ Direction _____ Type _____ 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		
		(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>Clarke Well &amp; Eq., Inc.</b> <u>185</u> Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>D.W. Clarke</u> Date <u>9-5-75</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-3