

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<br><b>King</b> | Fraction<br><b>1/4 CNE 1/4 NW 1/4</b>  | Section number<br><b>35</b>  | Township number<br><b>T 27 S</b>   | Range number<br><b>R 20 EW</b> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:   |  |                       | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:   |  |  |                                |
| 2. Distance and direction from nearest town or city: <b>5 N.</b><br>Street address of well location if in city: <b>Mullinville KS</b>                           |  |                       | 3. Owner of well: <b>Gabbert Jones Inc</b><br>R.R. or street: <b>830 SUTTON PL.</b><br>City, state, zip code: <b>Wichita, KS 67202</b> |  |  |                                |
| 4. Locate with "X" in section below:  |  |                       | Sketch map:  |  | 6. Bore hole dia. <u>4</u> in. Completion date <u>12-7-76</u><br>Well depth <u>130</u> ft.   |                                |
|   |  |                       |  |  | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |                                |
| 5. Type and color of material   |  |                       | From   | To   | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other   |                                |
| Top Soil - Clay   |  |                       | 0  | 50   | 9. Casing: Material _____ Height: <u>above</u> or below<br>Threaded _____ Welded _____ Surface <u>12</u> in.<br>RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <u>4</u> in. to <u>130</u> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <u>Sch 40</u>   |                                |
| Sand - clay   |  |                       | 50   | 85   | 10. Screen: Manufacturer's name _____<br>Type <u>PVC</u> Dia. <u>4"</u><br>Slot/gauze <u>1/8"</u> Length <u>20</u><br>Set between <u>110</u> ft. and <u>130</u> ft.<br>ft. and _____ ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-3/4"</u>  |                                |
| Sand - Gravel   |  |                       | 85   | 130  | 11. Static water level: _____ mo./day/yr.<br><u>48</u> ft. below land surface Date <u>12-7-76</u>  |                                |
|   |  |                       |  |  | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <u>40</u> g.p.m.   |                                |
|   |  |                       |  |  | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____  |                                |
|   |  |                       |  |  | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <u>12</u> inches above grade   |                                |
|   |  |                       |  |  | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <u>0</u> ft. to <u>12</u> ft.   |                                |
|   |  |                       |  |  | 16. Nearest source of possible contamination: _____<br>ft. <u>60</u> Direction <u>SW</u> Type <u>oil test</u><br>Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                |
|   |  |                       |  |  | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                |
|   |  |                       | (Use a second sheet if needed)   |  |  |                                |
| 18. Elevation:  |  | 19. Remarks:          |  | 20. Water well contractor's certification:   |  |                                |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley |  |                       |  | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Kelley Water Well Ser 186</b><br>Business name _____ License No. _____<br>Address <b>R2 Great Bend, KS</b><br>Signed <b>Kelley Price</b> Date <b>1-5-77</b><br>Authorized representative |  |                                |

27 200 E 35  
 1/4 CNE 1/4 NW 1/4

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

Form WWC-5