

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: <u>KINGMAN</u>	Fraction: <u>SW 1/4 NW 1/4 NE 1/4</u>	Section number: <u>31</u>	Township number: <u>T 27</u>	Range number: <u>S R 7 EW</u>
2. Distance and direction from nearest town or city: <u>1 mi. NW OF CITY OF KINGMAN, KS.</u>			3. Owner of well: <u>NED BURKET</u>		
Street address of well location if in city:			R.R. or street:		
			City, state, zip code: <u>KINGMAN, KS, 67068</u>		
4. Locate with "X" in section below:			Sketch map:		
5. Type and color of material			6. Bore hole dia. <u>10</u> in. Completion date <u>7/7/79</u> Well depth <u>20</u> 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 checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>PLST.</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>GLUE</u> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <u>SLW 40</u> Weight <u>2.827</u> lbs./ft. Dia. <u>5</u> in. to <u>10</u> ft. depth; Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth; gage No. <u>.258</u>		
			10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>10'</u> Set between <u>10</u> ft. and <u>20</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/8</u> ft.		
			11. Static water level: <u>6 1/2</u> ft. below land surface Date <u>7/7/79</u> mo./day/yr.		
			12. Pumping level below land surfaces: <u>18</u> ft. after <u>1</u> hrs. pumping <u>25</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>25</u> g.p.m.		
			13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> 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 <u>3</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>N</u> Type <u>SEPTIC</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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:	
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>WELL FOR NEW HOME NOT AT THIS TIME UNDER CONST.</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>SOUTH CENTRAL LKR. 355</u> Business name <u>635 So. MAIN, KINGMAN, KS.</u> License No. <u> </u> Address <u> </u> Signed <u>Dean K Wallace</u> Date <u>7/7/79</u> Authorized representative	

T 27 - 27 31 SW NW NE
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Sec

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

Form WWC-5