

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>Kingman</b>	Fraction <b>NW 1/4 SW 1/4</b>	Section number <b>#34</b>	Township number <b>T 8 &amp; 27</b>	Range number <b>S R 8 &amp; 7 E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>2 E 1/2 S Kingman</b>			3. Owner of well: <b>R. A. Graber</b> R.R. or street: <b>Kingman, Ks. Rt 1</b> City, state, zip code:		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: <i>pasture</i>		
5. Type and color of material			From	To	6. Bore hole dia. <b>8</b> in. Completion date <b>8-25-76</b> Well depth <b>32</b> ft.
					7. <input checked="" 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 _____ Height: Above or below Threaded _____ Welded _____ Surface <b>20</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>32</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>160</b>
					10. Screen: Manufacturer's name <b>Peerless</b>
					Type <b>pvc</b> Dia. <b>4</b> Slot/gauze <b>55</b> Length _____ Set between <b>17</b> ft. and <b>22</b> ft. _____ ft. and _____ ft.
					Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 dn</b>
					11. Static water level: _____ mo./day/yr. <b>12</b> ft. below land surface Date <b>8-25-76</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>10</b> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 <b>3</b> ft. to <b>15</b> ft.
					16. Nearest source of possible contamination: ft. _____ Direction <b>past rd</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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: <i>TOP slab to be installed by customer</i>		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>Lyman Bros.</b> <b>140</b> Business name License No. Address _____ Signed <i>W.H. Lyman</i> Date <b>10-2</b> Authorized representative		

27  
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 W  
 34  
 Sec  
 1/4  
 1/4  
 1/4  
 NW SW SW

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

Form WWC-5