

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 820-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County <u>Kiowa</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section number <u>7</u>	Township number <u>T 28 S</u>	Range number <u>R 19 W</u>
2. Distance and direction from nearest town or city: <u>3 E, 2 1/2 N of Mullinville</u>			3. Owner of well: <u>Everett Copeland</u>		
Street address of well location if in city:			R.R. or street:		
			City, state, zip code: <u>Ford, Kansas</u>		
4. Locate with "X" in section below:				6. Bore hole dia. <u>16</u> in. Completion date <u>3-30-76</u>	
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> </div> <div> <p>Sketch map:</p> <p><u>3 East of Mullinville 2 1/2 miles North along Farm Road. First in corner of field. Shot line + 10 ft hole. Command in HWB</u></p> </div> </div>				Well depth <u>138</u> ft.	
5. Type and color of material				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	
				9. Casing: Material <u>Iron</u> Height: Above 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>36</u> lbs./ft.	
				Dia. <u>16</u> in. to <u>138</u> ft. depth Wall Thickness: inches or	
				Dia. <u>16</u> in. to <u>138</u> ft. depth gage No. <u>205</u>	
				10. Screen: Manufacturer's name <u>Doerr</u>	
				Type <u>Iron</u> Dia. <u>16-3/16</u>	
				Slot/gauze <u>3/16</u> Length <u>40</u>	
				Set between <u>98</u> ft. and <u>138</u> ft.	
				ft. and _____ ft.	
				Gravel pack? <u>yes</u> Size range of material <u>1/4 by 5/8</u>	
				11. Static water level: <u>98</u> _____ ft. below land surface Date <u>Jan.</u> mo./day/yr.	
				12. Pumping level below land surfaces:	
				<u>120</u> ft. after <u>2</u> hrs. pumping <u>800</u> g.p.m.	
				_____ ft. after _____ hrs. pumping _____ g.p.m.	
				Estimated maximum yield <u>1500</u> g.p.m.	
				13. Water sample submitted: <u>No</u> _____ mo./day/yr.	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <u>5-28-76</u>	
				<input type="checkbox"/> Pitless adapter _____ Inches above grade	
				15. Well grouted? <u>Yes</u>	
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete	
				Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: <u>None</u>	
				ft. <u>0-10</u> Direction _____ Type _____	
				Well disinfected upon completion? _____ Yes _____ No	
				17. Pump: <u>Fairbanks</u> _____ Not installed	
				Manufacturer's name <u>Fairbanks-Morse</u>	
				Model number <u>7000</u> HP <input checked="" type="checkbox"/> _____ Volts _____	
				Length of drop pipe <u>120</u> ft. capacity <u>800</u> g.p.m.	
				Type:	
				<input type="checkbox"/> Submersible <input checked="" 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:	<u>Sandy farm with 8 pinker Septon on it</u>			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
<input type="checkbox"/> Hill				Signature <u>Albert W. Brown</u> Date <u>3-17</u>	
<input type="checkbox"/> Slope	Business name <u>Boh 56, Bohman</u> License No. _____		Address _____		
<input checked="" type="checkbox"/> Upland	Signed <u>Albert W. Brown</u> Date <u>3-17</u>		Authorized representative		
<input type="checkbox"/> Valley					

T 28 S R 19 W Sec 7

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

Form WWC-5