

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

SE SE NW

1. Location of well:		County Kiowa	Fraction SW 1/4 SE 1/4 SE 1/4	Section number 27	Township number T 28 S	Range number R 19 W E/W
2. Distance and direction from nearest town or city:		2 E 1/2 S Mullinville		Owner of well: Jean Rudd		
Street address of well location if in city:		Kansas		R.R. or street: Garden City, Kansas		
City, state, zip code:						
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>28</u> in. Completion date <u>6-76</u> Well depth <u>180</u> ft.	
		<p><i>2 East of Mullinville</i> <i>1/2 South along County Road just in field to West</i></p>			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	
5. Type and color of material					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>1 Foot</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>36</u> lbs./ft. Dia. <u>0</u> in. to <u>120</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>188</u>	
					10. Screen: Manufacturer's name <u>Doerr</u>	
					Type <u>SIX Iron</u> Dia. <u>16</u> Slot/gauze <u>3/16</u> Length <u>60</u> Set between <u>120</u> ft. and <u>180</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 by 5/8</u>	
					11. Static water level: <u>90</u> mo./day/yr. <u> </u> ft. below land surface Date <u>6-76</u>	
					12. Pumping level below land surfaces: <u>160</u> ft. after <u>2</u> hrs. pumping <u>1300</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>1500</u> g.p.m.	
					13. Water sample submitted: <u>No</u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
					14. Well head completion: <u>6-76</u> <input type="checkbox"/> Pitless adapter <u> </u> inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input 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> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					17. Pump: <u>Fairbanks</u> Not installed Manufacturer's name <u>Fairbanks-Morse</u> Model number <u>7000</u> HP <u> </u> Volts <u> </u> Length of drop pipe <u>170</u> ft. capacity <u>700</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 <u> </u>	
18. Elevation:		19. Remarks:			20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<i>Flat Farm with 2 Pipelines Installed on it Installed by us & left Grouted. A.W.B</i>			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Albert W. Brum</i> <u>217</u> Business name <u> </u> License No. <u> </u> Address <u> </u> Signed <u>Albert W. Brum</u> Date <u>6/21/76</u> Authorized representative	

T 28 S R 19 W E/W Sec 27

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

Form WWC-5