

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>Kiowa</b>	Fraction <b>SW 1/4 NE 1/4 SE 1/4</b>	Section number <b>32</b>	Township number <b>T 28 S R 19 E</b>	Range number <b>19 E</b>	
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>John Sherer</b> R.R. or street: <b>Mullinville, Kansas</b> City, state, zip code:				
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		6. Bore hole dia <b>9 7/8</b> in. Completion date _____ Well depth <b>178</b> ft. <b>11-11-75</b>		
5. Type and color of material			From	To	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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			<b>Top soil</b>	<b>0</b>	<b>3</b>	9. Casing: Material <b>RMP</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>24</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>220</b> lbs./ft. <b>100</b>	
			<b>Tan clay with streaks of limestone</b>	<b>3</b>	<b>24</b>	Dia. <b>5</b> in. to <b>178</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>320</b>	
			<b>Sandy clay</b>	<b>24</b>	<b>42</b>	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>40'</b> Set between _____ ft. and _____ ft. _____ ft. and _____ ft.	
			<b>Tan clay</b>	<b>42</b>	<b>87</b>	Gravel pack? <input checked="" type="checkbox"/> <b>yes</b> Size range of material <b>3/16"</b>	
			<b>Tan clay and gravel</b>	<b>87</b>	<b>175</b>	11. Static water level: _____ mo./day/yr. <b>121</b> ft. below land surface Date <b>11-10-75</b>	
<b>White clay &amp; red bed</b>	<b>175</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.				
(Use a second sheet if needed)					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 <b>18</b> inches above grade		
					15. Well grouted? <input checked="" type="checkbox"/> <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
					16. Nearest source of possible contamination: ft. <b>75</b> Direction <b>W</b> Type <b>corral</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
					17. Pump: _____ Not installed Manufacturer's name <b>8' Aermotor Mill</b> Model number _____ HP _____ Volts _____ Length of drop pipe <b>147</b> ft. capacity <b>3</b> 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		
18. Elevation:	19. Remarks:		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>Friesen Windmill</b> <b>252</b> Business name License No. Address <b>Meade, Kansas 67864</b> Signed <b>[Signature]</b> Date <b>11-21-75</b> Authorized representative				
Tapography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			1/4 1/4 1/4 1/4 32 Sec 28 T 19 R E				

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

Form WWC-5