

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>SE 1/4 SE 1/4 NW 1/4</b>	Section number <b>21</b>	Township number <b>T 28 S R 8 E/W</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>39 SW Kingman</b>			3. Owner of well: <b>Art Simons</b> R.R. or street: <b>R 3 Kingman, Ks</b> City, state, zip code:			
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W 1 Mile S E</div> <div style="text-align: center;">Sketch map:</div>			6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>73</b> ft.			
5. Type and color of material			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			
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>73</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>173</b>			
			10. Screen: Manufacturer's name _____ Type <b>Peerless</b> Dia. <b>4</b> Slot/gauze <b>pvc .035</b> Length <b>5'</b> Set between <b>68</b> ft. and <b>73</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>20</b>			
			11. Static water level: _____ mo./day/yr. <b>40</b> ft. below land surface Date <b>4-26-77</b>			
(Use a second sheet if needed)			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50</b> g.p.m.			
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>0</b> ft. to <b>10</b> ft.			
			16. Nearest source of possible contamination: ft. _____ Direction <b>Posture</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18. Elevation:  Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Windmill Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
			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 <b>W H Lyman</b> Date <b>4-26-77</b> Authorized representative			
			19. Remarks:			

28  
8  
21  
SESE NW  
1/4 1/4 1/4