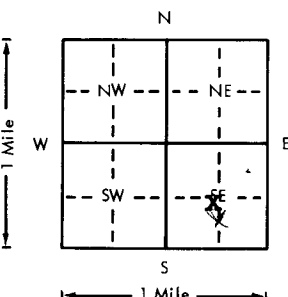


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

<input checked="" type="checkbox"/> 1. Location of well:	County Kiowa	Fraction 1/4 ^c 1/4 ^{se} 1/4	Section number 20	Township number T 29 S	Range number R 19 E W
<input checked="" type="checkbox"/> 2. Distance and direction from nearest town or city: 7 miles of Mullinville, Ks. Street address of well location, if in city: E-S 2 3/4 - E. of ↗	3. Owner of well: Vern Davis R.R. or street: Kinsley, Ks. 67547 City, state, zip code:				
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>108</u> ft. <u>5-11-76</u>		
5. Type and color of material			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 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>steel</u> Weight: 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 _____ lbs./ft. Dia. <u>16</u> in. to <u>108</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>7</u>		
			10. Screen: Manufacturer's name <u>Doerrs</u> Type <u>steel</u> Dia. <u>16</u> Slot/gauge <u>3/16</u> Length <u>40</u> Set between <u>88</u> ft. and <u>108</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3-3/4-3/8</u>		
			11. Static water level: _____ mo./day/yr. <u>31</u> ft. below land surface Date <u>4-5-76</u>		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <u>na</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>4-5-76</u>		
			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 <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>South</u> Type <u>corn mill</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: _____ Not installed Manufacturer's name <u>W.L.R.</u> Model number <u>6-TODH</u> HP <u>80</u> Volts _____ Length of drop pipe <u>90</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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Rosencrantz-Bemis 134 Business name _____ License No. _____ Address <u>Great Bend, Ks.</u> <input checked="" type="checkbox"/> Signed: <u>Sandy J. Moore</u> Date <u>6-17-77</u> Authorized representative		

29 190 20 1/4 1/4 1/4

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

Form WWC-5