

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>NE 1/4 SE 1/4 NE 1/4</b>	Section number <b>33</b>	Township number <b>T 29 S R 19 W E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>3 east and 7 south of Mullinville</b>			Owner of well: <b>Don Edmonston</b>		
Street address of well location if in city:			R.R. or street: <b>RFD</b>		
			City, state, zip code: <b>Greensburg, Kansas 67054</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9 7/8</u> in. Completion date _____ Well depth <u>251</u> ft. <u>11-18-77</u>	
				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	
5. Type and color of material		From	To	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.8</u> lbs./ft. Dia. <u>5</u> in. to <u>251</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>265</u>	
<b>Top soil</b>		<b>0</b>	<b>6</b>	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <u>PVC</u> Dia. <u>5"</u> Slot <u>fine</u> Length <u>90'</u> Set between <u>161</u> ft. and <u>251</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/64-5/32</u>	
<b>Clay</b>		<b>6</b>	<b>175</b>	11. Static water level: _____ mo./day/yr. <u>174</u> ft. below land surface Date <u>11/15/77</u>	
<b>Sandy clay - gravel with fine sand streaks</b>		<b>175</b>	<b>255</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>5-10</u> g.p.m.	
<b>Black shale</b>		<b>255</b>	<b>260</b>	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 <u>24</u> inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> <u>X</u> 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>200</u> Direction <u>north</u> Type <u>well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>Customers Windmill</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>223</u> ft. capacity <u>3</u> 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 checked="" 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: <b>#16 Customer was undecided at the time whether or not to plug the well at this time.</b>			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> <u>252</u> Business name License No. Address <u>Meade, Kansas</u> <u>67864</u> Signed <u>[Signature]</u> Date <u>12-2-77</u> Authorized representative	

T 29 R 19 W E  
S 33 NE SE NE  
1/4 1/4 2/4

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

Form WWC-5