

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well: County <u>Kiowa</u> Township name <u>Westland</u> Fraction <u>NW-NW-NE</u> Section number <u>12</u> Town number <u>T-29-S</u> Range number <u>R-20-W</u>			
Distance and direction from nearest town or city: <u>3.5 1/2 E Mullinville</u> Street address of well location if in city: <u>Kansas</u>		3 Owner of well: <u>D. B. Rader</u> Address: <u>Mullinville Kansas</u>	
Locate with "X" in section below: N W E S 1 Mile		Sketch map:	
2 Type and color of material		From	To
<u>Top Soil</u>		<u>0</u>	<u>3</u>
<u>LT. BROWN Clay</u>		<u>3</u>	<u>93</u>
<u>Sand (DRY)</u>		<u>93</u>	<u>102</u>
<u>BROWN Clay</u>		<u>102</u>	<u>104</u>
<u>GRAVEL</u>		<u>104</u>	<u>185</u>
<u>BROWN Clay with Traces of Shale</u>		<u>175</u>	<u>180</u>
(use a second sheet if needed)			
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		4 Well depth: <u>180</u> ft. Date of completion <u>9-8-75</u> Well diameter <u>8 3/4</u> in.	
		5 <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	
		6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
		7 Casing: Material <u>RMP</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. Diam. <u>5</u> in. to <u>180</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>—</u> in. to <u>—</u> ft. depth Weight <u>45</u> lbs./ft.	
		8 Screen: Manufacturer <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>Slot</u> Length <u>30'</u> Set between <u>150</u> ft. and <u>180</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>8-4</u>	
		9 Static water level: <u>157</u> ft. below land surface Date <u>9-8-75</u> Pumping level below land surfaces: <u>157</u> ft. after <u>—</u> hrs. pumping <u>—</u> g.p.m. <u>—</u> ft. after <u>—</u> hrs. pumping <u>—</u> g.p.m. Estimated maximum yield <u>X</u> g.p.m.	
		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>—</u>	
		12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u>—</u> Depth: From <u>3</u> ft. to <u>14</u> ft.	
		14 Nearest source of possible contamination: ft. <u>100</u> Direction <u>N.</u> Type <u>Sept.</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Flint-Halling</u> Model number <u>7BA12-HP</u> <u>3/4</u> Volts <u>220</u> Length of drop pipe <u>168</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
17 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. <u>Carl Hayes</u> Water Well <u>224</u> Business name _____ License No. _____ Address: <u>Greensburg Kansas</u> Signed <u>Carl Hayes</u> Date <u>10-8-75</u> Authorized representative			

29 20W 12 NW NW NE