

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 <b>Kiowa</b>	Township name	Fraction <b>N.E.N.E.S.E.</b>	Section number <b>14</b>	Town number <b>T29S</b>	Range number <b>R20W</b>			
Distance and direction from nearest town or city: <b>4 miles southeast of Mullinville, Kans.</b>				3 Owner of well: <b>John Sherer</b>					
Street address of well location if in city:				Address: <b>Mullinville, Kansas</b> <b>No other address given.</b>					
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>200</b> ft. Date of completion <b>5-9-75</b> Well diameter <b>9</b> in.					
N W ——— E S 1 Mile				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					
2		Type and color of material		From		To			
							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 <b>RMP</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14</b> in. Diam. <b>5</b> in. to <b>180</b> ft. depth Weight <b>320</b> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth		
Overburden		0		152		8 Screen: Manufacturer <b>Jess &amp; Lowell</b> Type <b>RMP</b> Dia. <b>5</b> in. Slot/gauze <b>Slot</b> Length <b>40</b> Set between <b>160</b> ft. and <b>200</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8</b>			
Course Sand		152		193		9 Static water level: <b>152</b> ft. below land surface Date <b>5-9-75</b>			
Blue Shale		193		200		10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.			
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
						12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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"/> Depth: From <b>3</b> ft. to <b>13</b> ft.			
						14 Nearest source of possible contamination: <b>Correll</b> ft. <b>250</b> Direction <b>south</b> Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. 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			
16 Remarks: elevation		Well is to be completed by Friesen Windmill of Meade, Kansas.							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <b>T&amp;W Water Well Service 142</b> Business name License No. Address <b>Box 816 Lipperd AS.</b> Signed <b>Ch. W. W. W.</b> Date <b>5-9-75</b> Authorized representative							

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5