

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: <u>Ford</u>	Fraction: <u>SW 1/4 SE 1/4 SE 1/4</u>	Section number: <u>28</u>	Township number: <u>T 29 S</u>	Range number: <u>R 26 E</u>
2. Distance and direction from nearest town or city: <u>TN 2E</u> Street address of well location if in city: <u>Fowler Kan</u>			3. Owner of well: <u>Adrian A Milford</u> R.R. or street: City, state, zip code: <u>Fowler, KS</u>		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>Sketch map:</p> </div> </div>			6. Bore hole dia. <u>26</u> in. Completion date <u>12-20-75</u> Well depth <u>260</u> ft.		
			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 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>SH</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>1'</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>16</u> in. to <u>260</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>260</u> ft. depth gage No. <u>0.219</u>		
5. Type and color of material			10. Screen: Manufacturer's name <u>Brown</u> <u>Free Flow WA</u> Type <u>FreeFlow</u> Dia. <u>16"</u> <input checked="" type="checkbox"/> Slog gauze <u>1/8</u> Length <u>160</u> Set between <u>100</u> ft. and <u>260</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8 down</u>		
			11. Static water level: _____ mo./day/yr. <u>26</u> ft. below land surface Date <u>12/20/75</u>		
			12. Pumping level below land surfaces: _____ ft. after <u>NO TEST</u> _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
			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>1'</u> Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>North</u> Type <u>old well</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
			17. Pump: _____ Not installed Manufacturer's name <u>Worthington</u> Model number _____ HP <u>150</u> Volts _____ Length of drop pipe <u>150</u> ft. capacity <u>120</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		
18. Elevation:			19. Remarks:		
Topography: <input type="checkbox"/> Hill level <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			(Use a second sheet if needed)		
			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. <u>Allen Rawlins</u> <u>322</u> Business name _____ License No. _____ Address <u>Box 130 Meade KS</u> Signed <u>Albert Rawlins</u> Date <u>1-9-76</u> Authorized representative		

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