

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

Heublein #1

County: <b>Barber</b>		Fraction: <b>C 1/4 SW NE 1/4</b>		Section number: <b>18</b>	Township number: <b>30 S</b>	Range number: <b>11 W</b>	E/W	
1. Location of well: <b>Barber</b>				2. Distance and direction from nearest town or city: <b>2 1/2 South 1/2 West Isabella</b>				3. Owner of well: <b>Search Drilling</b> R.R. or street: <b>muchita Kansas</b> City, state, zip code:
4. Locate with "X" in section below: <div style="text-align: center;"> </div>				Sketch map:				6. Bore hole dia. <b>8</b> in. Completion date: <b>4-6-78</b> Well depth <b>90</b> ft.
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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other				
				9. Casing: Material <b>galvanized</b> Height: <b>3</b> above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>278.3</b> lbs./ft. Dia. <b>5</b> in. to <b>90</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200</b>				
				10. Screen: Manufacturer's name <b>Self-made</b> Type <b>5/8" RC</b> Dia. <b>5</b> Slot/gauze <b>1/2"</b> Length <b>20</b> Set between <b>70</b> ft. and <b>90</b> ft. Gravel pack? <b>yes</b> Size range of material <b>5-1/2"</b>				
				11. Static water level: <b>32</b> ft. below land surface Date <b>4-6-78</b> 12. 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.				
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____				14. Well head completion: _____ Pitless adapter _____ Inches above grade				
15. Well grouted? <b>yes</b> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>10</b> ft.				16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No				
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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 type="checkbox"/> Other				18. Elevation: _____ 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. <b>Myuns Water Well</b> Business name <b>211 Band Rd</b> License No. <b>143</b> Address _____ Signed <b>R. Myuns</b> Date <b>4-6-78</b> Authorized representative								

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

Form WWC-5

MI-1033