

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

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:	County Barber	Township name Elm Mills	Section number 3	Town number T30S	Range number R13W
Distance and direction from nearest town or city: 3W2S1E Sawyer			3 Owner of well: Fred Doan		
Street address of well location if in city:			Address: Sawyer, Kansas 67134		
4 Well depth: 134 ft. Date of completion 3-26 Well diameter 5 in. 10" hole			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dig <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			7 Casing: Material PVC Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. glue Weight 160 lbs./ft. 5 in. to 12 1/2 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8 Screen: Manufacturer Jess & Lowell Type RMP Dia. 5" Slot/gauze 1716" Length 10' Set between 12 1/2 and 13 1/4 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/16 to 3/8			9 Static water level: 89 ft. below land surface Date 3-26		
10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 125 g.p.m.			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
12 Well head completion: <input checked="" 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 4 ft. to 14 ft.		
14 Nearest source of possible contamination: ft. 120 Direction East Type hogs Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Starite Model number 1p852 HP 1 Volts 230 Length of drop pipe 105 ft. capacity 30 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		
16 Remarks: elevation <div style="text-align: center;">Government inspected</div>			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. Hank Bruse Well Serv. 108 Business name _____ License No. _____ Address 1117 Stout Signed Joyce Bruse Date 4-26 Authorized representative		

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

Form WWC-5