

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 Kiowa	Township name	Fraction N.E.N. E.N.E.	Section number 2	Town number T 30 S	Range number R 20 W				
Distance and direction from nearest town or city: 8 Miles S. of Mullinville, Kansas 67109				3 Owner of well: Noble Seacat Bucklin, Kansas 67834 Address: This is the only address given.						
Locote with "X" in section below:		Sketch map:		4 Well depth: 160 ft. Date of completion 4/10/75 Well diameter 9 in.						
		<p>This is where the customer told me on the location.</p>		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"/>						
2		Type and color of material		From		To		7 Casing: Material RMP Height: X above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. Weight 320 lbs/ft 5 in. to 100 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
								8 Screen: Manufacturer Sunflower Type RMP Dia. 5" SIX/gauze 1/16 Length 60 Set between 100 ft. and 60 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8		
								9 Static water level: 93 ft. below land surface Date 4/10/75		
								10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 60 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 3 ft. to 13 ft.		
								14 Nearest source of possible contamination: ft. 100 Direction West Type Corrals 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 & Supply Meade, Kansas								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. T. & W. Waterwell Serv. 142 Business name _____ License No. _____ Address Box 816, Liberal, Ks. Signed [Signature] Date 4/10/75 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley										

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

Form WWC-5