

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 <b>Kingman</b>	Fraction <b>SE 1/4 SW 1/4 SW 1/4</b>	Section number <b>33</b>	Township number <b>T 30 S</b>	Range number <b>R 5W E/W</b>
2. Distance and direction from nearest town or city: <b>2W 5S</b> Street address of well location if in city: <b>Norwich</b>			3. Owner of well: <b>Kieth Land</b> R.R. or street: <b>Norwich, Ks.</b> City, state, zip code: <b>8-27-76</b>			
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: <b>open field</b>			6. Bore hole dia. <b>8</b> in. Completion date <b>8-27-76</b> Well depth <b>57</b> ft. 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 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other 9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>160</b> lbs./ft. Dia. <b>4</b> in. to <b>57</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>			
5. Type and color of material			From	To	10. Screen: Manufacturer's name <b>Peerless</b> Type <b>pvc</b> Dia. <b>4"</b> <b>5'</b> Slot/gauze <b>635</b> Length <b>5'</b> Set between <b>15</b> ft. and <b>20</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 in</b>	
					11. Static water level: <input type="checkbox"/> mo./day/yr. <b>16</b> ft. below land surface Date <b>8-27-76</b>	
					12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>10</b> g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>	
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>20</b> inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>2</b> ft. to <b>14</b> ft.	
					16. Nearest source of possible contamination: ft. <b>open</b> Direction <b>field</b> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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	
(Use a second sheet if needed)						
18. Elevation:		19. Remarks: <b>Slab to be installed by customer</b>		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>Lyman Bros.</b> <b>140</b> Business name License No. Address <b>ML</b> Signed <b>W. H. Lyman</b> Date <b>10-2</b> Authorized representative		