

1 LOCATION OF WATER WELL
 County: Kiowa Fraction: SE 1/4 SE 1/4 SW 1/4 Section Number: 32 Township Number: T 34 S Range Number: R 18 EW

Distance and direction from nearest town or city? 3 1/2 E 2 N Street address of well if located within city?

2 WATER WELL OWNER: H D. Heath Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box #: R1 Kiowa, Kansas Application Number:

3 DEPTH OF COMPLETED WELL: 29 ft. Bore Hole Diameter: 9 in. to 9 in. to 9 ft. and 9 in. to 9 ft.
 Well Water to be used as:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 11 Injection well
 Well's static water level: 12 ft. below land surface measured on 9 month 13 day 80 year
 Pump Test Data: Well water was 10 gpm: Well water was 10 ft. after 13 hours pumping. 80 gpm
 Est. Yield: 10 gpm: Well water was 10 ft. after 13 hours pumping. 80 gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 6 Asbestos-Cement 8 Concrete tile 9 Other (specify below)
 2 PVC 4 ABS 7 Fiberglass
 Blank casing dia: 5 in. to 24 ft. Dia: 24 in. to 24 ft. Dia: 265 lbs./ft. Wall thickness or gauge No: 265
 Casing height above land surface: 12 in., weight

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify)
 Screen-Perforation Dia: 5 in. to 5 ft. Dia: 5 in. to 5 ft. Dia: 5 in. to 5 ft.
 Screen-Perforated Intervals: From 24 ft. to 29 ft. From 24 ft. to 29 ft. From 24 ft. to 29 ft.
 Gravel Pack Intervals: From 10 ft. to 29 ft. From 10 ft. to 29 ft. From 10 ft. to 29 ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 0 ft. to 10 ft. From 0 ft. to 10 ft. From 0 ft. to 10 ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 9 Livestock pens 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well: N How many feet: 60 ? Water Well Disinfected? Yes _____ No _____
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted: _____ month _____ day _____ year: Pump Installed? Yes _____ No _____
 If Yes: Pump Manufacturer's name: _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake: _____ ft. Pumps Capacity rated at: _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 9 month 13 day 80 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 14080
 This Water Well Record was completed on 9 month 15 day 80 year under the business name of Lyman Infl. Co. by (signature) Richard Lyman

7 LOCATE WELL LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	Soil Sand Coarse Sand Shale			
10	16				
16	21				
21	29				

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 12 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
 T
 34
 R
 10
 EWD
 SEC.
 82
 SE 1/4
 SE 1/4
 SW 1/4
 SW 1/4

This was sent to you as Kiowa Co., please correct
 WATER WELL RECORD Form WWC-5 KSA 82a-1212 *destroy this*

1 LOCATION OF WATER WELL: Fraction SE 1/4 SE 1/4 SW 1/4 Section Number 32 Township Number T 34 S Range Number R 10 E/W
 County: _____

Distance and direction from nearest town or city? _____ Street address of well if located within city? _____

2 WATER WELL OWNER: H.D. Heath
 RR#, St. Address, Box #: R.I., Kiowa
 City, State, ZIP Code: _____ Board of Agriculture, Division of Water Resources
 Application Number: _____

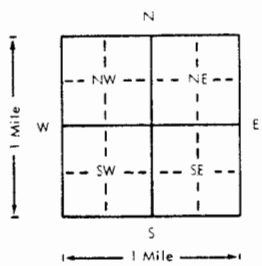
3 DEPTH OF COMPLETED WELL: 29 ft. Bore Hole Diameter: _____ in. to _____ ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 8 Air conditioning 9 Dewatering 11 Injection well 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: _____ ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 6 Asbestos-Cement 8 Concrete tile 9 Other (specify below) Casing Joints: Glued _____ Clamped _____
 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
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5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
 2 Sewer lines 5 Seepage pit 8 Feed yard 9 Livestock pens
 3 Lateral lines 6 Pit privy
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
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6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 14080
 This Water Well Record was completed on 9 month 15 day 80 year under the business name of Lipman by (signature)

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG
 _____ _____ _____ _____ _____ _____
 _____ _____ _____ _____ _____ _____
 _____ _____ _____ _____ _____ _____
 _____ _____ _____ _____ _____ _____
 _____ _____ _____ _____ _____ _____
 _____ _____ _____ _____ _____ _____
 _____ _____ _____ _____ _____ _____
 _____ _____ _____ _____ _____ _____
 _____ _____ _____ _____ _____ _____

RECEIVED
 SEP 19 1980

ELEVATION: _____
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. 4 _____ ft. (Use a second sheet if needed)

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