

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 <u>Dickinson</u> Fraction <u>SE 1/4 SW 1/4 SW 1/4</u> Section number <u>16</u> Township number <u>T 16 S</u> Range number <u>R 3</u> EW	
2. Distance and direction from nearest town or city: <u>2 South</u> Street address of well location if in city: <u>134 West of Hope</u>	
3. Owner of well: <u>John Polok</u> R.R. or street: <u>RR 2</u> City, state, zip code: <u>Hope Ky 67451</u>	
4. Locate with "X" in section below: Sketch map: CCD	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0</u> <u>3</u>
<u>yellow shale</u>	<u>3</u> <u>6</u>
<u>yellow clay</u>	<u>6</u> <u>35</u>
<u>gray clay</u>	<u>35</u> <u>45</u>
<u>Blue Shale</u>	<u>45</u> <u>55</u>
<u>Lime Stone</u>	<u>55</u> <u>60</u>
<u>Water</u>	<u>60</u> <u>62</u>
<u>Blue shale & rock</u>	<u>62</u> <u>66</u>
(Use a second sheet if needed)	
6. Bore hole dia. <u>5</u> in. Completion date <u>11-6-75</u> Well depth _____ ft.	
7. <input checked="" type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>15</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>100</u> lbs./ft. Dia. <u>5</u> in. to <u>66</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>4</u>	
10. Screen: Manufacturer's name <u>Pumpco Supply</u> Type <u>PVC</u> Dia. <u>5.11</u> Slot/gauze <u>7/16</u> Length <u>30'</u> Set between <u>46</u> ft. and <u>66</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20</u>	
11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
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: <input type="checkbox"/> Pitless adapter _____ inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>Fracture</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	
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. <u>Bachus Drilling 180</u> Business name _____ License No. _____ Address <u>Jampa Ka</u> Signed <u>Paul Bachus</u> Date <u>11-6</u> Authorized representative	

T 16 S R 3 W 16 SE 1/4 SW 1/4

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

Form WWC-5