

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>Sheridan</u> Fraction <u>SW 1/4 SE 1/4 NE 1/4</u> Section number <u>7</u> Township number <u>T 10 S R 28</u> Range number <u>E 20</u>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>7N 1/2W of Park</u>	
3. Owner of well: <u>George T. Ziegler</u> R.R. or street: <u>Brainfield Ks</u> City, state, zip code: <u>Brainfield Ks</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top soil</u>	<u>0 3</u>
<u>Sandy Clay</u>	<u>3 28</u>
<u>M. Gravel</u>	<u>28 45</u>
<u>Sandy Clay</u>	<u>45 78</u>
<u>M. Gravel</u>	<u>78 81</u>
<u>S Clay</u>	<u>81 83</u>
<u>Fine Sand</u>	<u>83 96</u>
<u>Sandy Clay</u>	<u>96 112</u>
<u>M. Gravel</u>	<u>112 119</u>
<u>Sandy Clay</u>	<u>119 126</u>
<u>Chie</u>	<u>126 128</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Farmer decided to finish own Well reason for delay on report</u>
6. Bore hole dia. <u>9</u> in. Completion date <u>8-20</u> Well depth <u>128</u> ft. <u>Finished over Well</u>	
7. <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	
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 <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>206 lbs./ft.</u> Dia. <u>2</u> in. to <u>128</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>SOR 2-20</u>	
10. Screen: Manufacturer's name <u>J.T. Stearns</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/4</u> Length <u>10'</u> Set between <u>118</u> ft. and <u>128</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/16</u>	
11. Static water level: <input type="checkbox"/> mo./day/yr. <u>25</u> ft. below land surface Date <u>9-20</u>	
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 <u>30</u> g.p.m.	
13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u>500</u> Direction <u>S</u> Type <u>Draw</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: Manufacturer's name <u>Not installed</u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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	
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>3 x B Drilling</u> <u>376</u> Business name <u> </u> License No. <u> </u> Address <u> </u> Signed <u>Joseph Beckman</u> Date <u>1-12-81</u> Authorized representative	

T 10
R 28
E 20
Sec 7
SW SE NE
1/4 1/4 1/4

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

Form WWC-5