

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 SW 1/4 SW 1/4</u>	Section number: <u>10</u>	Township number: <u>T 10 S</u>	Range number: <u>R 29</u>	JRL EAW
2. Distance and direction from nearest town or city: <u>2 West 5 North</u>		3. Owner of well: <u>Joe Bixeman</u>		R.R. or street: _____		
Street address of well location if in city: <u>1 West of Mainfield</u>		City, state, zip code: <u>Grainfield, Ks. 67737</u>				
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: <u>SW 10-10-29</u> <u>Field</u> <u>X Grass</u> <u>X Road</u>		6. Bore hole dia. <u>19</u> in. Completion date _____ Well depth <u>177</u> ft. <u>7/28/75</u>		
5. Type and color of material		From		To		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 checked="" type="checkbox"/> Reverse rotary
		<u>silt + clay</u>		<u>0</u>	<u>90</u>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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
		<u>sandstone + sand</u>		<u>90</u>	<u>105</u>	9. Casing: Material <u>steel</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____
		<u>clay</u>		<u>105</u>	<u>120</u>	10. <input checked="" type="checkbox"/> Screen: Manufacturer's name _____ <u>W.A. Brown</u> Type <u>steel</u> Dia. <u>12 3/4</u> in. Slot/gauze <u>1/8</u> Length <u>20</u> ft. Set between <u>117</u> ft. and <u>177</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: <u>1/2</u> down
		<u>sand + gravel</u>		<u>120</u>	<u>177</u>	11. Static water level: _____ <u>45</u> ft. below land surface Date <u>7/28/75</u>
				12. Pumping level below land surfaces: <u>40</u> ft. after <u>4</u> hrs. pumping <u>500</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>500</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
				15. <input checked="" type="checkbox"/> Well grouted? <u>Cement slab</u> With <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
				16. <input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ 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		
		(Use a second sheet if needed)				
18. Elevation:	19. Remarks:		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>Agua Well Drilling</u> <u>281</u> Business name _____ License No. _____ Address <u>Gove, Ks. 67736</u> Signed <u>J.M. Little</u> Date <u>6-20-77</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5