

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 <i>Sheldon</i>	Fraction <i>SE 1/4 SW 1/4 NE 1/4</i>	Section number <i>32</i>	Township number T <i>10</i> S R <i>29</i> E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <i>Fred Robben</i> R.R. or street: City, state, zip code: <i>Shinnell, KS</i>			
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <i>9 1/2</i> in. Completion date <i>5-81</i> Well depth <i>95</i> ft.			
			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"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
5. Type and color of material			From	To	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <i>12</i> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <i>200</i> lbs./ft. Dia. <i>2</i> in. to <i>95</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>214</i>	
<i>Top soil</i>			<i>0</i>	<i>11</i>	10. Screen: Manufacturer's name _____ <i>Jess Howell</i> Type <i>PVC</i> Dia. <i>5 in</i> Slot/gauze <i>1/8-3/16</i> Length <i>10 ft</i> Set between <i>85</i> ft. and <i>95</i> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/4-3/16</i>	
<i>Sandy Clay</i>			<i>11</i>	<i>19</i>	11. Static water level: _____ mo./day/yr. <i>46</i> ft. below land surface Date _____	
<i>M. Gravel</i>			<i>19</i>	<i>60</i>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>25</i> g.p.m.	
<i>Sandy Clay</i>			<i>60</i>	<i>62</i>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____	
<i>M. Gravel</i>			<i>62</i>	<i>75</i>	14. Well head completion: <i>12</i> Inches above grade <input type="checkbox"/> Pitless adapter	
<i>Sandy Clay</i>			<i>75</i>	<i>78</i>	15. Well grouted? <i>yes</i> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <i>0</i> ft. to <i>10</i> ft.	
<i>M. Gravel</i>			<i>78</i>	<i>90</i>	16. Nearest source of possible contamination: ft. <i>100</i> Direction <i>N</i> Type <i>draw</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____	
<i>Sandy Clay</i>			<i>90</i>	<i>94</i>	17. Pump: _____ Not installed Manufacturer's name <i>Wentzell</i> 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 checked="" type="checkbox"/> Other	
<i>Ochre</i>			<i>94</i>	<i>95</i>	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. <i>B & B Drilling 376</i> Business name _____ License No. _____ Address <i>Shinnell, KS</i> Signed _____ Date <i>5-81</i> Authorized representative	
18. Elevation:			19. Remarks:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T-10-29 W
 R-29 W
 S-32 SE-91 NE
 Sec 1/4 1/4 1/4

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

Form WWC-5