

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 Sheridan	Fraction NE 1/4 NW 1/4 SW 1/4	Section number 18	Township number T 10 S R 30	Range number 30
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
2 1/2 West 1/2 South of Angeles			Vincent Zurr Grinnell, Ka. 67738		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. 10 in. Completion date _____ Well depth 151 ft. 7/28/75		
			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		
			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		
5. Type and color of material			Casing: Material COAS Height: 12 ft. below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 12 in. to 151 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. _____		
			9. Screen: Manufacturer's name Johnson Well Casing Type cement asbestos , 12 in. Slot/gauze 3/16 Length 13 ft. Set between 112 ft. and 151 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: 1/2 down		
			11. Static water level: _____ ft. below land surface Date 7/28/75 <small>mo./day/yr.</small>		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 400 g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
(Use a second sheet if needed)			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade <input checked="" type="checkbox"/> Well grouted? CEMENT SLAB With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
			15. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes _____ No _____		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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		
			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. Aqua Well Drilling 281 Business name License No. Address Gove, Ka. 67736 Signed [Signature] Date 6-20-77		
19. Remarks:			21. _____		

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

Form WWC-3