

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

CCD

1. Location of well:		County <b>Wallace</b>	Fraction <b>SE 1/4 SW 1/4 SW 1/4</b>	Section number <b>19</b>	Township number <b>T 15 S R 38</b>	Range number <b>38</b>																																																	
2. Distance and direction from nearest town or city: <b>15N, 3 1/2W, 2N,</b>				3. Owner of well: <b>Ernie Poe</b>																																																			
Street address of well location if in city: <b>1/4 E of Selkirk, KS</b>				R.R. or street: <b>RFD #1 - Box 34</b>																																																			
				City, state, zip code: <b>Sharon Springs, KS 67758</b>																																																			
4. Locate with "X" in section below:		Sketch map:																																																					
		<p>6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>205</u> ft. <u>5-24-76</u></p> <p>7. <input 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 checked="" type="checkbox"/> Reverse rotary</p> <p>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</p> <p>9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP <u>PVC</u> Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>205</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.188</u></p> <p>10. Screen: Manufacturer's name _____ <u>Local Free Flow</u> Type <u>Prime Steel</u> Dia. <u>16 in.</u> Gauge <u>125</u> Length <u>40 ft.</u> Set between: <u>165</u> ft. and <u>205</u> ft. ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>3/4-1</u></p> <p>11. Static water level: _____ mo./day/yr. <u>132</u> ft. below land surface Date <u>5-4-76</u></p> <p>12. Pumping level below land surfaces: <u>176</u> ft. after <u>4</u> hrs. pumping <u>500</u> g.p.m. <u>182</u> ft. after <u>4</u> hrs. pumping <u>730</u> g.p.m. Estimated maximum yield _____ g.p.m. <u>730</u></p> <p>13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____</p> <p>14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade</p> <p>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>0</u> ft. to <u>15</u> ft.</p> <p>16. Nearest source of possible contamination: ft. <u>400</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roller</u> Model number <u>GB</u> HP <u>50</u> Volt <u>460</u> Length of drop pipe <u>190</u> ft. capacity <u>730</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other</p>																																																					
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		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. <b>Weishaar Drilling</b> 232 Business name License No. Address <b>Scott City, KS 67871</b> Signature _____ Date <u>7-21-76</u> Authorized representative																																																					

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