

SHIELDS

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

500

1. Location of well:		County <u>Lane</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section number <u>36</u>	Township number <u>T 16 S R 29 E 11</u>	Range number
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. Distance and direction from nearest town or city: <u>1W of Shields, KS</u>			3. Owner of well: <u>Joe B. James</u>			
Street address of well location if in city:			City, state, zip code: <u>Shields, KS 67874</u>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: <u>Feedlot</u> <u>Garage</u> <u>200'</u> <u>X well</u> <u>x mill</u> <u>Septic</u> <u>House</u>		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>137</u> ft. <u>11-24-75</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 type="checkbox"/> Reverse rotary	
Clay			0	25	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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	
Gyp			25	44	9. Casing: Material <u>Plas</u> Height: <u>Above</u> or below Threading <u>Welded</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>117</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.250</u>	
Clay			44	52	10. Screen: Manufacturer's name <u>Jess & Lowell</u>	
Fine sd clay			52	62	Type <u>RMP</u> Dia. <u>5 ins</u> <input checked="" type="checkbox"/> Gauze <u>1/16</u> Length <u>20</u> ft. Set between <u>117</u> ft. and <u>137</u> ft. _____ ft. and _____ ft.	
Med sd good			62	80	Gravel pack? <u>Yes</u> Size range of material <u>1/2-1/8</u>	
Fine sd clay			80	91	11. Static water level: _____ mo./day/yr. <u>90</u> ft. below land surface Date <u>11-24-75</u>	
Sd coarse			91	100	12. Pumping level below land surfaces: <u>100</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>4</u> g.p.m.	
Fine sd clay			100	116	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Sd coarse			116	135	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
Yellow			135	137	15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.	
BROOK 135'					16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>S</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(Use a second sheet if needed)					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 checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation:		19. Remarks: <u>Windmill moved from old well to new well; don't know make of mill.</u> <u>WFB (TUM)</u>			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>Weishaar Drilling</u> <u>232</u> Business name License No. Address <u>Shields, KS 67871</u> Signed <u>[Signature]</u> Date <u>11-27-76</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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16
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29
E
36
S
SW SE SE
1/4 1/4 1/4

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

Form WWC-5