

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 Wichita	Fraction SW 1/4 SW 1/4 NW 1/4	Section number 8	Township number T 18 S	Range number R 38 E/W																																													
2. Distance and direction from nearest town or city: 2 1/2 N - .5 W				3. Owner of well: Floyd Bjurstrom																																															
Street address of well location if in city: Selkirk, KS				R.R. or street: Leoti, KANSAS																																															
4. Locate with "X" in section below:				Sketch map:																																															
<div style="text-align: center;"> </div>				6. Bore hole dia. 3 1/2 in. Completion date 2-18-75 Well depth 184 ft.																																															
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>Top Soil</td><td>0</td><td>15</td></tr> <tr><td>Limestone</td><td>15</td><td>30</td></tr> <tr><td>Sandy Clay</td><td>30</td><td>45</td></tr> <tr><td>Red Clay</td><td>45</td><td>60</td></tr> <tr><td>Sandy clay</td><td>60</td><td>75</td></tr> <tr><td>Sand + sandstone</td><td>75</td><td>90</td></tr> <tr><td>Fine sand / clay</td><td>90</td><td>105</td></tr> <tr><td>Med sand Tight w/ some clay</td><td>105</td><td>120</td></tr> <tr><td>Med sand</td><td>120</td><td>135</td></tr> <tr><td>Clean Med sand</td><td>135</td><td>150</td></tr> <tr><td>9' Clay + Gravel 2' Good Sand 4' Clay</td><td>150</td><td>165</td></tr> <tr><td>3' Clay 10' Clean sand 2' Clay</td><td>165</td><td>180</td></tr> <tr><td>Yellow</td><td>180</td><td>185</td></tr> <tr><td>Blue Shale</td><td>185</td><td></td></tr> </tbody> </table>					From	To	Top Soil	0	15	Limestone	15	30	Sandy Clay	30	45	Red Clay	45	60	Sandy clay	60	75	Sand + sandstone	75	90	Fine sand / clay	90	105	Med sand Tight w/ some clay	105	120	Med sand	120	135	Clean Med sand	135	150	9' Clay + Gravel 2' Good Sand 4' Clay	150	165	3' Clay 10' Clean sand 2' Clay	165	180	Yellow	180	185	Blue Shale	185		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		
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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																																																			
9. Casing: Material Steel Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 16 in. to 17 1/2 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 219																																																			
10. Screen: Manufacturer's name WA BROWN Type Punched Dia. 16 Slot/gauze <input type="checkbox"/> Length 40 Set between 144 ft. and 184 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? YES Size range of material 4-5																																																			
11. Static water level: <input type="checkbox"/> mo./day/yr. 112 ft. below land surface Date 2-18-75																																																			
12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 700 g.p.m.																																																			
13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date																																																			
14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade																																																			
15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.																																																			
16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																			
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:																																																		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Whinery Drilling 256 Business name License No. Address 405 Antelope Street Scott City, MO Signed John Whinery Date 2-24-80 Authorized representative																																																		

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

Form WWC-5