

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 <b>Pawnee</b>	Fraction <b>NW 1/4 SE 1/4 NW 1/4</b>	Section number <b>25</b>	Township number T <b>23</b> S R	Range number <b>15</b>	<b>EW</b>
2. Distance and direction from nearest town or city: <b>Approximately 6 1/2 miles N.E. of Mackville, Kansas.</b> Street address of well location if in city:			3. Owner of well: <b>Bob &amp; Bill English</b> R.R. or street: <b>C/O English Lumber Company</b> City, state, zip code: <b>St. John, Kansas 67576</b>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>26</u> in. Completion date <u>12/22/77</u> Well depth <u>172</u> ft.		
		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			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 <u>Steel</u> Weight: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31.75</u> lbs./ft. Dia. <u>16</u> in. to <u>172</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <u>.188</u>		
5. Type and color of material				From	To	10. Screen: Manufacturer's name <u>Johnson</u> <u>Screen</u> Type <u>Continuous</u> Dia. <u>16"</u> <input checked="" type="checkbox"/> Slot gauze <u>.125</u> Length <u>35'</u> Set between <u>45</u> ft. and <u>60</u> ft. <u>70-85</u> ft. and <u>165-170</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>#1 Coarse</u>	
See Attachment						11. Static water level: <u>24</u> ft. below land surface Date <u>12/28/77</u> mo./day/yr.	
						12. Pumping level below land surfaces: <u>68</u> ft. after <input type="checkbox"/> hrs. pumping <u>738</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>700</u> g.p.m.	
						13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ mo./day/yr.	
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
						15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
						16. Nearest source of possible contamination: <u>None Observed</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						17. Pump: <input checked="" type="checkbox"/> Nat 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 type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
						(Use a second sheet if needed)	
						18. Elevation: <u>1989</u> <input checked="" type="checkbox"/> Flat Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
						19. Remarks: <u>31749</u>  <u>23 15 25 BDB</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. <b>Henkle Drilling &amp; Sply 145</b> Business name License No. _____ Address <u>Box 639, Garden City, Ks</u> Signed <u>Bruce J. Richmond</u> Date <u>1-4-78</u> Authorized representative							

23 15 25 BDB  
 Sec 25  
 R 15  
 T 23

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

Form WWC-5

